

a. Is this an original filing?b. If no,1. State the amendment number.....

Date filed

 Number of pages attached......

HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2022 OF THE CONDITION AND AFFAIRS OF THE

Aetna Better Health of Michigan Inc.

NAIC Gr	roup Code 0001 0001 NAIC Com	pany Code <u>12193</u> Employer's	D Number20-1052897
Organized under the Laws of	Michigan	State of Domicile or Port of Er	ntry MI
Country of Domicile	Unite	d States of America	
Licensed as business type:	. Health Ma	aintenance Organization	
Is HMO Federally Qualified? Yes	s[] No[X]		
Incorporated/Organized	04/22/2004	Commenced Business	10/01/2004
Statutory Home Office		_	Southfield, MI, US 48034
	(Street and Number)	(City or	Town, State, Country and Zip Code)
Main Administrative Office		vestern Highway, Suite 380B	
Sc	outhfield, MI, US 48034	reet and Number)	800-831-1166
(City or Tov	wn, State, Country and Zip Code)	(A	rea Code) (Telephone Number)
Mail Address	151 Farmington Avenue, RT21 (Street and Number or P.O. Box)	(City or	Hartford, CT, US 06156 Town, State, Country and Zip Code)
Drimony I continue of Pooles and Dr	,	• •	Town, State, Country and Zip Gode,
Primary Location of Books and Re	(Str	vestern Highway, Suite 380B reet and Number)	
	outhfield, MI, US 48034 vn, State, Country and Zip Code)	(A	800-831-1166 rea Code) (Telephone Number)
Internet Website Address	ww.a	etnabetterhealth.com	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Statutory Statement Contact	Kim E. Roth		215-775-6508
	(Name)		(Area Code) (Telephone Number)
Statu	toryReporting@aetna.com (E-mail Address)		860-262-7767 (FAX Number)
	(2.112.17.02.02.)	OFFICERS	(Controlled)
Chief Executive Officer and F	President Teressa Deonne Smith #		ontroller Steven Matthew Conte #
Vice President and S	Secretary Robert Mark Kessler		
Derek Scott Blunt, Senior	Investment Officer Frank Ferris Chr	OTHER onister III, Assistant Controller	Peter Keller, Assistant Controller
Whitney Dorothy Lavoie, A		lazworth, Chief Financial Officer	Tracy Louise Smith, Vice President and Treasurer
		ORS OR TRUSTEES	
Kimberly Su Teressa Deon		_	Bryan Sheppard Nazworth Harvey Douglas Turner
all of the herein described assets statement, together with related ex condition and affairs of the said re in accordance with the NAIC Anni rules or regulations require different Furthermore, the scope of this att	were the absolute property of the said reporting whibits, schedules and explanations therein containing entity as of the reporting period stated ab ual Statement Instructions and Accounting Practinces in reporting not related to accounting practic testation by the described officers also includes	g entity, free and clear from any liens ined, annexed or referred to, is a full a ove, and of its income and deductions ices and Procedures manual except to es and procedures, according to the be the related corresponding electronic f	orting entity, and that on the reporting period stated above, or claims thereon, except as herein stated, and that this not true statement of all the assets and liabilities and of the therefrom for the period ended, and have been completed to the extent that: (1) state law may differ; or, (2) that state st of their information, knowledge and belief, respectively, tiling with the NAIC, when required, that is an exact coppested by various regulators in lieu of or in addition to the
	//		to late
Teressa Deonne	Smith Ro	bert Mark Kessler	Steven Matthew Conte
Chief Executive Officer a	nd President Vice Pr	esident and Secretary	Corporate Controller
State of Michigan County of Wayne	State of Arizona County of Maricop	a	State of Pennsylvania County of Montgomery
Subscribed and sworn to before m	ne this Subscribed and swor	n to before me this	Subscribed and sworn to before me this
14th day of October	, 2022 day of	, 2022	day of November, 2022
			h -
NOTARY PUBLIC (Seal)	NOTARY PUBLIC (S	991)	NOTARY PUBLIC (Seal)
No mitt i obbio (oca)	NOTAKI POBEO (O	cai)	NOTART FUBLIC (Geal)
ROCHELLE D. JENKINS NOTARY PUBLIC, STATE O COUNTY OF WAYNE MY COMMISSION EXPIRES Dec ACTING IN COUNTY OF \(\mathcal{D}\) 6	FMI 4 ^T		Commonwealth of Pennsylvania - Notary Seal KIM E. ROTH, Notary Public Montgomery County My Commission Expires April 25, 2025 Commission Number 1141410



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2022 OF THE CONDITION AND AFFAIRS OF THE

Aetna Better Health of Michigan Inc.

NAIC Group Code 000		ode <u>12193</u> Employer's	ID Number 20-1052897
Organized under the Laws of	Michigan	State of Domicile or Port of E	intry MI
Country of Domicile	United State	s of America	
Licensed as business type:	Health Maintenar	nce Organization	
Is HMO Federally Qualified? Yes [] No [X]			
Incorporated/Organized 04/22	2004	Commenced Business	10/01/2004
Statutory Home Office 28588 Northwester			Southfield, MI, US 48034
•	and Number)	, ,	r Town, State, Country and Zip Code)
Main Administrative Office	28588 Northwestern I (Street and		
Southfield, MI, US 480	034		800-831-1166
(City or Town, State, Country an	d Zip Code)	(F	Area Code) (Telephone Number)
Mail Address 151 Farmington A			Hartford, CT, US 06156
(Street and Number	er or P.O. Box)	(City of	r Town, State, Country and Zip Code)
Primary Location of Books and Records	28588 Northwestern (Street and		
Southfield, MI, US 480		Number)	800-831-1166
(City or Town, State, Country an	d Zip Code)	(A	Area Code) (Telephone Number)
Internet Website Address	www.aetnabet	terhealth.com	
Statutory Statement Contact	Kim E. Roth		215-775-6508
	(Name)		(Area Code) (Telephone Number)
StatutoryReporting@aetna (E-mail Address)	a.com		860-262-7767 (FAX Number)
Vice President and Secretary Derek Scott Blunt, Senior Investment Officer Whitney Dorothy Lavoie, Assistant Controller	Note	II, Assistant Controller	Peter Keller, Assistant Controller Tracy Louise Smith, Vice President and Treasurer
	DIRECTORS O	R TRUSTEES	
Kimberly Sue Foltz # Teressa Deonne Smith #			Bryan Sheppard Nazworth Harvey Douglas Turner
all of the herein described assets were the absolute p statement, together with related exhibits, schedules and condition and affairs of the said reporting entity as of the in accordance with the NAIC Annual Statement Instructules or regulations require differences in reporting not refurthermore, the scope of this attestation by the descrept for formatting differences due to electronic filinenclosed statement.	roperty of the said reporting entity, a explanations therein contained, and e reporting period stated above, and tions and Accounting Practices and elated to accounting practices and p ibed officers also includes the related	free and clear from any liens nexed or referred to, is a full a l of its income and deductions l Procedures manual except to procedures, according to the be ted corresponding electronic	orting entity, and that on the reporting period stated above, so or claims thereon, except as herein stated, and that this and true statement of all the assets and liabilities and of the therefrom for the period ended, and have been completed to the extent that: (1) state law may differ; or, (2) that state est of their information, knowledge and belief, respectively. filing with the NAIC, when required, that is an exact copy ested by various regulators in lieu of or in addition to the
Teressa Deonne Smith Chief Executive Officer and President	Robert Mar Vice President a		Steven Matthew Conte Corporate Controller
State of Michigan County of Wayne	State of Arizona County of Maricopa		State of Pennsylvania County of Montgomery
Subscribed and sworn to before me this	Subscribed and sworn to befo	ore me this	Subscribed and sworn to before me this
day of, 2022	day of CADE	mle 2022	day of, 2022
NOTARY PUBLIC (Seal)	NOTARY PUBLIC (Seal)		NOTARY PUBLIC (Seal)



a.	Is this an original filing?	 Yes[X]	No []

b. If no,
1. State the amendment number.....
2. Date filed

3. Number of pages attached......

ASSETS

	ASSETS								
		1	Current Statement Date	3	4 December 31				
		·	_	Net Admitted Assets	Prior Year Net				
		Assets	Nonadmitted Assets		Admitted Assets				
1.	Bonds	15,408,155	0	15,408,155	15,798,288				
2.	Stocks:								
	2.1 Preferred stocks				0				
	2.2 Common stocks	0	0	0	0				
3.	Mortgage loans on real estate:								
	3.1 First liens	0	0	0	0				
	3.2 Other than first liens	0	0	0	0				
4.	Real estate:								
	4.1 Properties occupied by the company (less \$								
	encumbrances)	0	0	0	0				
	4.2 Properties held for the production of income (less								
	\$0 encumbrances)	0	0	0	0				
	4.3 Properties held for sale (less \$0								
	encumbrances)	0	0	0	0				
-									
5.	Cash (\$8,607,500), cash equivalents								
	(\$179,349,168) and short-term								
	investments (\$0)			187,956,668					
6.	Contract loans (including \$0 premium notes)				0				
7.	Derivatives				0				
8.	Other invested assets			0	0				
9.	Receivables for securities	0	0	0	0				
10.	Securities lending reinvested collateral assets	0	0	0	0				
11.	Aggregate write-ins for invested assets	0	0	0	0				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	203,364,823	0	203,364,823	165,415,993				
13.	Title plants less \$								
	only)	0	0	0	0				
14.	Investment income due and accrued			114,206	113,756				
15.	Premiums and considerations:								
	15.1 Uncollected premiums and agents' balances in the course of collection.	1.796.523	81.319	1,715,204	8.438.450				
	15.2 Deferred premiums, agents' balances and installments booked but		,,,,,,,	,,					
	deferred and not yet due (including \$0								
	earned but unbilled premiums)	0	0	0	0				
		0		0	0				
	15.3 Accrued retrospective premiums (\$3,834,673) and	0 004 000	0	9,391,392	E 007 E00				
40	contracts subject to redetermination (\$5,556,719)	9,391,392	0	9,391,392					
16.	Reinsurance:	0		0	0				
	16.1 Amounts recoverable from reinsurers			0	0				
	16.2 Funds held by or deposited with reinsured companies			0	0				
	16.3 Other amounts receivable under reinsurance contracts				0				
	Amounts receivable relating to uninsured plans				574,471				
	Current federal and foreign income tax recoverable and interest thereon				35,219				
18.2	Net deferred tax asset				1,479,360				
19.	Guaranty funds receivable or on deposit				0				
20.	Electronic data processing equipment and software	0	0	0	0				
21.	Furniture and equipment, including health care delivery assets								
	(\$			0	0				
22.	Net adjustment in assets and liabilities due to foreign exchange rates	0	0		0				
23.	Receivables from parent, subsidiaries and affiliates	0	0		0				
24.	Health care (\$4,205,772) and other amounts receivable	6,708,957	2,503,185	4,205,772	2,867,619				
25.	Aggregate write-ins for other than invested assets				8, 191, 129				
26.	Total assets excluding Separate Accounts. Segregated Accounts and								
	Protected Cell Accounts (Lines 12 to 25)	231,042,185	2,590,876	228,451,309	193,043,557				
27.	From Separate Accounts, Segregated Accounts and Protected Cell	0		0	0				
	Accounts				0				
28.	Total (Lines 26 and 27)	231,042,185	2,590,876	228,451,309	193,043,557				
	DETAILS OF WRITE-INS								
1101.									
1102.									
1103.									
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0				
1199.	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0				
2501.	Insurance provider assessment	7,743,359	0	7,743,359	8, 191, 129				
2502.									
2502. 2503.									
	Summary of remaining write ine for Line 25 from everflow page				۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰				
2598.	Summary of remaining write-ins for Line 25 from overflow page				0				
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	7,743,359	0	7,743,359	8, 191, 129				

LIABILITIES, CAPITAL AND SURPLUS

1. Claims unpaid (less \$ 237,945 reinsurance ceded) 69,148,719 9,680,190 78,828,909 2. Accrued medical incentive pool and bonus amounts 4,210,351 0 4,210,351 3. Unpaid claims adjustment expenses 1,872,199 0 1,872,199 4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act 3,443,772 0 3,443,772 5. Aggregate life policy reserves 0 0 0 0 0 6. Property/casualty unearmed premium reserve 0 0 0 0 7. Aggregate health claim reserves 0 0 0 0 8. Premiums received in advance 16,856,767 0 16,856,767 9. General expenses due or accrued 8,461,682 0 8,461,682 10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized gains (losses)) 1,177,688 0 1,177,688 10.2 Net deferred tax liability 0 0 0 0 11. Ceded reinsurance premiums payable 0 0 0 0 12. Amounts withheld or retained for the account of others 0 0 407,312	
1. Claims unpaid (less \$ 237,945 reinsurance ceded) 69,148,719 9,680,190 78,828,909 2. Accrued medical incentive pool and bonus amounts .4,210,351 .0 .4,210,351 3. Unpaid claims adjustment expenses 1,872,199 .0 .1,872,199 4. Aggregate health policy reserves, including the liability of \$.0 for medical loss ratio rebate per the Public Health Service Act .3,443,772 .0 .3,443,772 5. Aggregate life policy reserves .0 .0 .0 .0 .0 6. Property/casualty unearned premium reserve .0 .0 .0 .0 .0 7. Aggregate health claim reserves .0 .1,177,688	76,743,6273,741,6091,828,04014,913,361000017,5548,292,146
2. Accrued medical incentive pool and bonus amounts	3,741,6091,828,04014,913,36100017,5548,292,1460000000
3. Unpaid claims adjustment expenses	1,828,04014,913,361
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act	
Health Service Act	
5. Aggregate life policy reserves .0 </td <td></td>	
6. Property/casualty unearmed premium reserve	
7. Aggregate health claim reserves 0 0 0 8. Premiums received in advance 16,856,767 0 16,856,767 9. General expenses due or accrued 8,461,682 0 8,461,682 10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized gains (losses)) 1,177,688 0 1,177,688 10.2 Net deferred tax liability 0 0 0 0 11. Ceded reinsurance premiums payable 0 0 0 0 12. Amounts withheld or retained for the account of others 0 0 0 0 13. Remittances and items not allocated 407,312 0 407,312 0 407,312 14. Borrowed money (including \$ 0 current) 0 0 0 0 0 0 0 15. Amounts due to parent, subsidiaries and affiliates 14,537,953 0 14,537,953 0 14,537,953 0 0 0 16. Derivatives 0 0 0 0 0 0 0 0 0 0 0 0 <td></td>	
8. Premiums received in advance 16,856,767 0 16,856,767 9. General expenses due or accrued 8,461,682 0 8,461,682 10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized gains (losses)) 1,177,688 0 1,177,688 10.2 Net deferred tax liability 0 0 0 0 11. Ceded reinsurance premiums payable 0 0 0 12. Amounts withheld or retained for the account of others 0 0 0 13. Remittances and items not allocated 407,312 0 407,312 14. Borrowed money (including \$ 0 current) and interest thereon \$ 0 current) 0 0 0 15. Amounts due to parent, subsidiaries and affiliates 14,537,953 0 14,537,953 16. Derivatives 0 0 0 0 17. Payable for securities 0 0 0 0 18. Payable for securities lending 0 0 0 0 19. Funds held under reinsurance treaties (with \$ 0 authorized 251,781 unauthorized 0 0 0	17,554 8,292,146 0 0 0 0
9. General expenses due or accrued	8,292,146 0 0 0 0
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized gains (losses))	0 0 0 0 438,301
(including \$	000438,301
10.2 Net deferred tax liability	000438,301
11. Ceded reinsurance premiums payable 0 0 0 0 12. Amounts withheld or retained for the account of others .0 .0 .0 .0 13. Remittances and items not allocated .407,312 .0 .407,312 .0 .407,312 .0 .407,312 .0 .407,312 .0 .0 .407,312 .0 <t< td=""><td>0438,301</td></t<>	0438,301
12. Amounts withheld or retained for the account of others. 0 0 0 0 13. Remittances and items not allocated .407,312 .0 .407,312 .407,312 14. Borrowed money (including \$	0
13. Remittances and items not allocated 407,312 0 407,312 14. Borrowed money (including \$	0
14. Borrowed money (including \$	0
interest thereon \$	
\$	
15. Amounts due to parent, subsidiaries and affiliates .14,537,953 .0 .14,537,953 16. Derivatives .0 .0 .0 17. Payable for securities .0 .0 .0 18. Payable for securities lending .0 .0 .0 19. Funds held under reinsurance treaties (with \$	
16. Derivatives 0 0 0 17. Payable for securities 0 0 0 18. Payable for securities lending 0 0 0 19. Funds held under reinsurance treaties (with \$ 0 0 0 0 authorized reinsurers, \$ 251,781 unauthorized 0 0 0	14 7/7 070
17. Payable for securities	, ,
18. Payable for securities lending	
19. Funds held under reinsurance treaties (with \$	
authorized reinsurers, \$251,781 unauthorized	0
	115 287
20. Reinsurance in unauthorized and certified (\$	
	0
	0
	6,947,860
23. Aggregate write-ins for other liabilities (including \$0	
current)	535,393
24. Total liabilities (Lines 1 to 23)	127,846,117
25. Aggregate write-ins for special surplus funds	0
26. Common capital stock XXX XXX 1,000,000	1,000,000
27. Preferred capital stock	0
28. Gross paid in and contributed surplusXXX XXXXXX XXX XX	34,601,000
29. Surplus notes	0
99 - 30 - 10 - 10 - 10 - 10 - 10 - 10 - 10	0
31. Unassigned funds (surplus) XXX XXX 49,352,223	.29,596,440
32. Less treasury stock, at cost:	
32.10 shares common (value included in Line 26	
	0
32.2	0
	0 65,197,440
	193,043,557
DETAILS OF WRITE-INS	100,040,001
	535,393
2302.	500,000
2303.	
	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above) 834,282 0 834,282	535,393
	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) XXX XXX 0	0
3001. XXX. XXX.	
3002. XXX XXX	
3003. XXX XXX	
3098. Summary of remaining write-ins for Line 30 from overflow page	
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above) XXX XXX 0	0

STATEMENT OF REVENUE AND EXPENSES

	STATEMENT OF REV	To Dat	Current Year Prior Year To Date To Date		Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months			609,315	826,108
2.	Net premium income (including \$0 non-health				
	premium income)	XXX	405,511,962	366,642,489	496,424,144
3.	Change in unearned premium reserves and reserve for rate credits	XXX	12,377,050	(1,538,831)	(6,264,585)
4.	Fee-for-service (net of \$			0	0
5.	Risk revenue				0
6.	Aggregate write-ins for other health care related revenues				0
7.	Aggregate write-ins for other non-health revenues				0
8.	Total revenues (Lines 2 to 7)	XXX	417,889,012	365,103,658	490, 159, 559
	Hospital and Medical:				
9.	Hospital/medical benefits			, ,	254,284,606
10.	Other professional services		, ,		36,602,739
11.	Outside referrals				14,972,675
12.	Emergency room and out-of-area				23,609,673
13.	Prescription drugs		, , , , , , , , , , , , , , , , , , , ,		52,366,597
14.	Aggregate write-ins for other hospital and medical				0
15.				* *	4,845,469
16.	Subtotal (Lines 9 to 15)	33,321,333	323,030,410	200,255,014 [.	
17.	Less: Net reinsurance recoveries	0	977 074	1 775 610	2 126 197
18.	Total hospital and medical (Lines 16 minus 17)				384,545,572
19.	Non-health claims (net)				0
20.	Claims adjustment expenses, including \$14,557,748 cost				
20.	containment expenses.	0	20 539 744	13 415 345	23 742 764
21.	General administrative expenses				62,868,008
22.	Increase in reserves for life and accident and health contracts				52,000,000
	(including \$0 increase in reserves for life only)	0	742.202	0	0
23.	Total underwriting deductions (Lines 18 through 22)				471,156,344
24.	Net underwriting gain or (loss) (Lines 8 minus 23)			14,690,448	19,003,215
25.	Net investment income earned				662,389
26.	Net realized capital gains (losses) less capital gains tax of				
	\$(5)	0	(19)	79	80
27.	Net investment gains (losses) (Lines 25 plus 26)	0	2,115,097	489,433	662,469
28.	Net gain or (loss) from agents' or premium balances charged off [(amount				
	recovered \$0)				
	(amount charged off \$	0	0	0	0
29.	Aggregate write-ins for other income or expenses	0	0	0	0
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	VVV	25 505 001	15 170 001	19,665,684
31.	Federal and foreign income taxes incurred				19,665,684
32.	Net income (loss) (Lines 30 minus 31)	XXX	20,107,199	12,702,079	16,541,432
32.	DETAILS OF WRITE-INS		20, 107, 100	12,702,073	10,041,402
0601.		xxx			
0602.		XXX			
0603.					
				0	0
0698.	Summary of remaining write-ins for Line 6 from overflow page		0		0
0699.	Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	-	0	0
0701.					
0702.					
0703.		XXX			
0798.	Summary of remaining write-ins for Line 7 from overflow page		0	0	0
0799.	Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	U	U	U
1401.					
1402.					
1403					
1498.	Summary of remaining write-ins for Line 14 from overflow page			0	0
1499.	Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901.					
2902.					
2903					
2998.	Summary of remaining write-ins for Line 29 from overflow page			0	0
2999.	Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	STATEMENT OF REVENUE AND EX	r LINGLO (2	3 3
		Current Year to Date	Prior Year to Date	Prior Year Ended December 31
	CARITAL AND SURDI US ASSOCIAT			
	CAPITAL AND SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	65 , 197 , 440	53,925,441	53,925,441
34.	Net income or (loss) from Line 32	20, 107, 199	12,702,079	16,541,432
35.	Change in valuation basis of aggregate policy and claim reserves	0	0	0
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$0	0	216	216
37.	Change in net unrealized foreign exchange capital gain or (loss)	0	0	0
38.	Change in net deferred income tax	0	57	(21,957)
39.	Change in nonadmitted assets	(351,416)	56,215	(47,692)
40	Change in unauthorized and certified reinsurance	0	0	0
41.	Change in treasury stock	0	0	0
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
77.	44.1 Paid in	0	0	0
	44.2 Transferred from surplus (Stock Dividend)			
	44.3 Transferred to surplus	0	0	0
45.	Surplus adjustments:			
	45.1 Paid in	0	0	0
	45.2 Transferred to capital (Stock Dividend)	0	0	0
	45.3 Transferred from capital	0	0	0
46.	Dividends to stockholders	0	(5,200,000)	(5,200,000)
47.	Aggregate write-ins for gains or (losses) in surplus	0	0	0
48.	Net change in capital & surplus (Lines 34 to 47)	19,755,783	7,558,567	11,271,999
49.	Capital and surplus end of reporting period (Line 33 plus 48)	84,953,223	61,484,008	65,197,440
	DETAILS OF WRITE-INS			
4701.				
4702.				
4703.				
		0	^	^
4798.	Summary of remaining write-ins for Line 47 from overflow page			
4799.	Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

CASH FLOW

	CASH FLOW			
		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	Cash from Operations			
1.	Premiums collected net of reinsurance	425,741,358	368,218,714	495,988,476
2.	Net investment income	2,098,234	483,543	653,133
3.	Miscellaneous income	0	0	0
4.	Total (Lines 1 to 3)	427,839,592	368,702,257	496,641,609
5.	Benefit and loss related payments	321,279,497	275,976,651	369,607,152
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
7.	Commissions, expenses paid and aggregate write-ins for deductions	65,559,961	57,303,107	79,526,800
8.	Dividends paid to policyholders	0	0	0
9.	Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)	4,184,890	4,205,236	4,440,790
10.	Total (Lines 5 through 9)	391,024,348	337,484,994	453,574,742
	` '			· · · · · · · · · · · · · · · · · · ·
11.	Net cash from operations (Line 4 minus Line 10)	36,815,244	31,217,263	43,066,867
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	406,566	1,760,402	1,868,429
	12.2 Stocks			0
	12.3 Mortgage loans			0
	12.4 Real estate			0
	12.5 Other invested assets			
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	(24)	100	102
	12.7 Miscellaneous proceeds	0	0	0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	406,542	1,760,502	1,868,531
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	0	0	0
			0	0
	13.3 Mortgage loans	0	0	0
	13.4 Real estate	0	0	0
	13.5 Other invested assets	0	0	0
	13.6 Miscellaneous applications	0	0	0
	13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0	0
14.	Net increase (or decrease) in contract loans and premium notes	0	0	0
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	406,542	1,760,502	1,868,531
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
			0	0
	16.2 Capital and paid in surplus, less treasury stock		0	0
	16.3 Borrowed funds		0	0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	0
	16.5 Dividends to stockholders	0	5,200,000	5,200,000
	16.6 Other cash provided (applied)	1,117,177	16,647,905	20,319,715
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	1,117,177	11,447,905	15,119,715
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	38,338,963	44,425,670	60,055,113
19.	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year	149,617,705	89,562,592	89,562,592
	19.2 End of period (Line 18 plus Line 19.1)	187,956,668	133,988,262	149,617,705

Note: Supplemental disclosures of cash flow information for non-cash transactions:		

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Compreh (Hospital &	ensive	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	72,852	0	0	0	0	0	0	18,668	54,184	
2. First Quarter	74,653	0	0	0	0	0	0	20,688	53,965	
3. Second Quarter	74,571	0	0	0	0	0	0	21,595	52,976	
4. Third Quarter	76,116	0	0	0	0	0	0	22,970	53,146	
5. Current Year	0	0	0	0	0	0	0	0	0	
6. Current Year Member Months	675,868	0	0	0	0	0	0	193,980	481,888	(
Total Member Ambulatory Encounters for Period:										
7 Physician	616,589	0	0	0	0	0	0	435,667	180,922	
8. Non-Physician	628,487	0	0	0	0	0	0	462,634	165,853	
9. Total	1,245,076	0	0	0	0	0	0	898,301	346,775	
10. Hospital Patient Days Incurred	40,275	0	0	0	0	0	0	25,030	15,245	
11. Number of Inpatient Admissions	5,515	0	0	0	0	0	0	2,792	2,723	(
12. Health Premiums Written (a)	405,690,635	0	0	0	0	0	0	255,318,322	150,372,313	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	418,067,685	0	0	0	0	0	0	255,318,322	162,749,363	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	322,036,023	0	0	0	0	0	0	194,957,393	127,078,630	
18. Amount Incurred for Provision of Health Care Services	323,056,416	0	0	0	0	0	0	201,891,376	121,165,040	C

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpa	d Claims					
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						1
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						r
000000	4 004 004	F7 070	7.054	4 000	00 507	4 070 000
0299999 Aggregate accounts not individually listed-uncovered	1,281,294	57,879	7,954		28,567	1,376,980
039999 Aggregate accounts not individually listed-covered	7,212,532	243,934	66,648		158,696	7,691,805
0499999 Subtotals	8,493,826	301,813	74,602	11,281	187,263	9,068,785
0599999 Unreported claims and other claim reserves						69,998,069
0699999 Total amounts withheld						70,000,004
0799999 Total claims unpaid						79,066,854
0899999 Accrued medical incentive pool and bonus amounts						4,210,351

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

ANALYSIS OF CLAIMS UNPAID	- PRIOR YEAR - NET OF REINSU					
		Claims Paid Liability			5	6
	Year to		End of Curr	ent Quarter		
	1 On Claims Incurred Prior	2 On	3 On Claims Unpaid	4 On	Claims Incurred in	Estimated Claim Reserve and Claim Liability
	to January 1 of	Claims Incurred	Dec. 31	Claims Incurred	Prior Years	December 31 of
Line of Business	Current Year	During the Year	of Prior Year	During the Year	(Columns 1 + 3)	Prior Year
Comprehensive (hospital and medical)	0	0	0	0	0	0
Medicare Supplement	0	0	0	0	0	0
3. Dental Only	0	0	0	0	0	0
4. Vision Only	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan	0	0	0	0	0	0
6. Title XVIII - Medicare	27,969,212	165 , 304 , 978	1,819,653	44,500,981	29,788,865	40,055,829
7 Title XIX - Medicaid	26,301,565	98,893,566	4,957,643	27,550,632	31,259,208	36,687,798
8. Other health	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8)	54,270,777	264 , 198 , 544	6,777,296	72,051,613	61,048,073	76,743,627
10. Healthcare receivables (a)	0	6,708,957	0	0	0	5,053,878
11. Other non-health	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts	0	2,810,176	844,620	3,365,731	844,620	3,741,609
13. Totals (Lines 9-10+11+12)	54,270,777	260,299,763	7,621,916	75,417,344	61,892,693	75,431,358

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying statutory financial statements of Aetna Better Health of Michigan, Inc. ("the Company"), indirectly a wholly-owned subsidiary of CVS Health Corporation ("CVS Health"), have been prepared in conformity with accounting practices prescribed or permitted by the Department of Insurance and Financial Services ("Michigan Department") ("Michigan Accounting Practices"). The Michigan Department recognizes only statutory accounting practices prescribed or permitted by the State of Michigan for determining and reporting the financial condition and results of operations of an insurance company, which include accounting practices and procedures adopted by the National Association of Insurance Commissioners' ("NAIC") Accounting Practices and Procedures Manual ("NAIC SAP").

A reconciliation of the Company's net income and surplus between NAIC SAP and practices prescribed and permitted by the State of Michigan for the periods ended September 30, 2022 and December 31, 2021 is as follows:

		SSAP#	F/S Page	F/S Line #	2022	2021
NET IN	NCOME					
(1)	Aetna Better Health of Michigan, Inc. State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 20,107,199	\$ 16,541,432
(2)	State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(3)	State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(4)	Net Income NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 20,107,199	\$ 16,541,432
SURPI	JUS					
(5)	Aetna Better Health of Michigan, Inc. State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 84,953,223	\$ 65,197,440
(6)	State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(7)	State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(8)	Statutory Surplus NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 84,953,223	\$ 65,197,440

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of these financial statements in conformity with Michigan Accounting Practices requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and revenues and expenses. Actual results could differ from those estimates.

C. Accounting Policies

The Company applies the following significant accounting policies:

(1) No significant change.

(2) Bonds

Bonds, which include special deposits, are carried at amortized cost except for those bonds with an NAIC designation of 3 through 6, which are carried at the lower of amortized cost or fair value. The amount carried at fair value is not material to the financial statements. Bond premiums and discounts are amortized using the scientific interest method. When quoted prices in active markets for identical assets are available, the Company uses these quoted market prices to determine the fair value of bonds. This is used primarily for U.S. government securities. In other cases where a quoted market price for identical assets in an active market is either not available or not observable, the Company estimates fair values using valuation methodologies based on available and observable market information or by using a matrix pricing model. If quoted market prices are not available, the Company determines fair value using broker quotes or an internal analysis of each investment's financial performance and cash flow projections. The Company had no investments where fair value was determined using broker quotes or an internal analysis of financial performance and cash flow projections at September 30, 2022. Bonds include all investments whose maturity is greater than one year when purchased. All adjustments between amortized cost and carrying value are reflected in unrealized capital gains and losses and are reported as direct adjustments to surplus.

Bonds are recorded as purchases or sales on the trade date.

The Company periodically reviews its bonds to determine whether a decline in fair value below the carrying value is other-than-temporary. For bonds, other than loan-backed and structured securities ("LB&SS") discussed in Note 1C. (6) below, an other-than-temporary impairment ("OTTI") shall be recorded if it is probable that the Company will be unable to collect all amounts due according to the contractual terms in effect at the date of acquisition. Declines deemed to be OTTI in the cost basis are recognized as realized capital losses. Yield-related impairments are deemed other-than-temporary when the Company intends to sell an investment at the reporting date before recovery of the cost of the investment.

The Company analyzes all relevant facts and circumstances for each investment when performing its analysis to determine whether an OTTI exists. Among the factors considered in evaluating whether a decline is other-than-temporary, management considers whether the decline in fair value results from a change in the quality of the investment security itself, whether the decline results from a downward movement in the market as a whole, the prospects for realizing the carrying value of the bond based on the investee's current and short-term prospects for recovery and other factors. The risks inherent in assessing the impairment of an investment include the risk that market factors may differ from the Company's expectations and the risk that facts and circumstances factored into its assessment may change with the passage of time. Unexpected changes to market factors and circumstances that were not present in past reporting periods may result in a current period decision to sell securities that were not other-than-temporarily-impaired in prior reporting periods.

The Company had no Securities Valuation Office-identified investments that are being reported at a different measurement method from the prior year annual statement.

- (3) through (5): No significant change.
- (6) Loan-Backed and Structured Securities

The Company did not have any loan-backed and structured securities at September 30, 2022.

(7) through (20): No significant change.

D. Going Concern

As of November 10, 2022, management evaluated whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern and management has determined that it is not probable that the Company will be unable to meet its obligations as they become due within one year after the financial statements are available to be issued. Management will continuously evaluate the Company's ability to continue as a going concern and will take appropriate action and will make appropriate disclosures if there is any change in any condition or events that would raise substantial doubt about the Company's ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

The Company did not have any accounting changes or corrections of errors in the period ended September 30, 2022.

3. Business Combinations and Goodwill

No significant change.

4. <u>Discontinued Operations</u>

No significant change.

5. Investments

- A. through C.: No significant change.
- D. The Company did not have any loan-backed securities at September 30, 2022.
- E. <u>Dollar Repurchase Agreements and/or Securities Lending Transactions</u>
 - (1) and (2): No significant change.
 - (3) Neither the Company nor its agent has accepted collateral that is permitted by contract or custom to sell or repledge as of September 30, 2022.
 - (4) through (7): No significant change.
- F. The Company did not have any repurchase agreements transactions accounted for as secured borrowing at September 30, 2022.
- G. The Company did not have any reverse repurchase agreements transactions accounted for as secured borrowing at September 30, 2022.
- H. The Company did not have any repurchase agreements transactions accounted for as a sale at September 30, 2022.
- I. The Company did not have any reverse repurchase agreements transactions accounted for as a sale at September 30, 2022.

- J. through L.: No significant change.
- M. The Company did not have any working capital finance investments at September 30, 2022.
- N. The Company did not have any offsetting and netting of derivative, repurchase and reverse repurchase, and securities borrowing and securities lending assets or liabilities at September 30, 2022.
- O. through Q.: No significant change.
- R. The Company did not participate in any Qualified Cash Pools at September 30, 2022.
- 6. Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

7. Investment Income

No significant change.

8. Derivative Instruments

The Company did not have any derivative instruments at September 30, 2022.

9. Income Taxes

No significant change.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

No significant change.

- 11. <u>Debt</u>
 - A. The Company did not have any items related to debt, including capital notes at September 30, 2022.
 - B. The Company did not have any Federal Home Loan Bank agreements at September 30, 2022.
- 12. <u>Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans</u>

The Company did not have a retirement plan, deferred compensation plan or other postretirement benefit plan at September 30, 2022.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

No significant change.

- 14. Liabilities, Contingencies and Assessments
 - A. No significant change.
 - B. Assessments

Insurance Provider Assessment

Effective October 1, 2018 the Company is required to pay the annual Insurance Provider Assessment ("IPA"). The assessment for each HMO is based on the amount determined by the Michigan Department of Health and Human Services ("MDHHS") and applied to the prior year member months for the Medicaid and commercial lines of business. The portion of the assessment attributable to the Medicaid program is fully reimbursed by MDHHS. The Company recognized \$23,677,845 of net premium income and \$23,677,845 as general administrative expenses as of September 30, 2022 related to the IPA. The Company has \$7,743,359 as an aggregate write-in for other than invested assets and \$7,743,359 recorded as general expenses due and accrued on the Statutory Statements of Assets, Liabilities and Capital Surplus at September 30, 2022 related to the payments and reimbursements for 2022 assessment, effective July 2022.

C through F: No significant change.

15. Leases

No significant change.

16. <u>Information About Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk</u>

No significant change.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales

No significant change.

B. Transfer and Servicing of Financial Assets

- (1) No significant change.
- (2) and (3): The Company did not have any servicing assets or liabilities at September 30, 2022.
- (4) The Company did not have any securitized financial assets at September 30, 2022.
- (5) through (7): No significant change.

C. Wash Sales

- (1) In the course of the Company's asset management, securities are sold and reacquired within 30 days of the sale date to enhance the Company's yield on its investment portfolio.
- (2) The Company had no securities sold during the quarter ended September 30, 2022 and reacquired within 30 days of the sale date.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. ASO Plans - As of September 30, 2022, the Company has received payments totaling \$61,674,760 and paid a total of \$61,674,760 to the hospitals on behalf of the MDHHS for managed care Medicaid pass-through graduate medical education, hospital reimbursement adjustments, specialty network access and patient centered medical home administration programs.

			(1)		(2)	(3)
		AS	SO Uninsured Plans	Partia	ed Portion of lly Insured Plans	Total ASO
a.	Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	\$	_	\$	_	\$ _
b.	Total net other income or expenses (including interest paid to or received from plans)		_		_	_
c.	Net gain or (loss) from operations		_		_	_
d.	Total claim payment volume	\$	61,674,760	\$	_	\$ 61,674,760

B and C: No significant change.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No significant change.

20. Fair Value Measurements

A.

- (1) The Company had no material assets and liabilities that are measured and reported at fair value in the financial statements as of September 30, 2022.
- (2) There were no material realized and unrealized capital gains, purchases, sales, settlements, or transfers into or out of the Company's Level 3 financial assets during September 30, 2022.
- (3) Transfers in and out of all levels are recognized at the end of the reporting period of which the transfer occurred.
- (4) The Company's fair value measurement valuation techniques are described in B. below.
- (5) The Company did not have any derivative instruments at September 30, 2022.
- B. The fair values of these instruments are based on valuations that include inputs that can be classified within one of three levels of a hierarchy. The following are the levels of the hierarchy and a brief description of the type of valuation information ("inputs") that qualifies a financial asset or liability for each level:

Level 1 - Unadjusted quoted prices for identical assets or liabilities in active markets.

Level 2 - Inputs other than Level 1 that are based on observable market data. These include: quoted prices for similar assets in active markets, quoted prices for identical assets in inactive markets, inputs that are observable that are not prices (such as interest rates and credit risks) and inputs that are derived from or corroborated by observable markets. **Level 3** - Developed from unobservable data, reflecting the Company's own assumptions.

Financial assets and liabilities are classified based upon the lowest level of input that is significant to the valuation. When quoted prices in active markets for identical assets and liabilities are available, the Company uses these quoted market prices to determine the fair value of financial assets and liabilities and classifies these assets and liabilities as Level 1. In other cases where a quoted market price for identical assets and liabilities in an active market is either not available or not observable, the Company estimates fair value using valuation methodologies based on available and observable market information or by using a matrix pricing model. These financial assets and liabilities would then be classified as Level 2. If quoted market prices are not available, the Company determines fair value using broker quotes or an internal analysis of each investment's financial performance and cash flow projections. Thus, financial assets and liabilities may be classified in Level 3 even though there may be some significant inputs that may be observable.

C. The carrying values and estimated fair values of the Company's financial instruments at September 30, 2022 were as follows:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds and cash equivalents	\$194,009,587	\$194,757,323	\$ 9,638,281	\$184,371,306	\$ —	\$ —	\$ —

In evaluating the Company's management of interest rate and liquidity risk and currency exposures, the fair values of all assets and liabilities should be taken into consideration, not only those presented above.

- D. The Company did not have any financial instruments where it was not practicable to estimate the fair value.
- E. The Company has not elected to use the net asset value practical expedient to fair value to measure its investments.

21. Other Items

No significant change.

22. Events Subsequent

A. Type I - Recognized Subsequent Events

Subsequent events have been considered through November 10, 2022 for the statutory statement issued on November 11, 2022

The Company had no known reportable recognized subsequent events.

B. Type II - Non-Recognized Subsequent Events

Subsequent events have been considered through November 10, 2022 for the statutory statement issued on November 11, 2022.

The Company had no known reportable non-recognized subsequent events.

23. Reinsurance

No significant change.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

A. through D.: No significant change.

E. Risk Sharing Provisions of the Affordable Care Act

- (1) Did the reporting entity write accident and health insurance premium which is subject to the ACA risk sharing provisions (YES/NO)? Yes [] No [X]
- (2) through (5): Not applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses

A. Reserves as of December 31, 2021 were \$82,313,276. As of September 30, 2022, \$56,098,817 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$7,621,916 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$18,592,543 favorable prior-year development since December 31, 2021 to September 30, 2022. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional

information becomes known regarding individual claims. Included in this decrease, the Company experienced \$11,915,864 of favorable prior year claim development on retrospectively rated policies. However, the business to which it relates is subject to premium adjustments.

B. There has been no significant change in the Company's methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses.

26. Intercompany Pooling Arrangements

No significant change.

27. Structured Settlements

No significant change.

28. <u>Health Care Receivables</u>

No significant change.

29. Participating Policies

No significant change.

30. Premium Deficiency Reserves

<u>September 30, 2022</u>

1. Liability carried for premium deficiency reserves

\$742,202

2. Date of the most recent evaluation of this liability

9/30/2022

3. Was anticipated investment income utilized in the calculation?

No

31. Anticipated Salvage and Subrogation

No significant change.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1	Did the reporting entity experience any material transactions requiring to Domicile, as required by the Model Act?					Yes [] No	[X]
1.2	If yes, has the report been filed with the domiciliary state?					Yes [] No	[]
2.1	Has any change been made during the year of this statement in the chareporting entity?					Yes [] No	[X]
2.2	If yes, date of change:				<u> </u>			
3.1	Is the reporting entity a member of an Insurance Holding Company Sys is an insurer? If yes, complete Schedule Y, Parts 1 and 1A.	stem consisting of two or more affiliated	persons, one	or more of wl	nich	Yes [X] No	[]
3.2	Have there been any substantial changes in the organizational chart sin	nce the prior quarter end?				Yes [X] No	[]
3.3	If the response to 3.2 is yes, provide a brief description of those change Effective July 1, 2022, Aetna Insurance Company of Connecticut was s Corporation. Effective August 23, 2022, Aetna Integrated Informatics, I	sold to Continental Casualty Company,			nc.			
3.4	Is the reporting entity publicly traded or a member of a publicly traded g	group?				Yes [X] No	[]
3.5	If the response to 3.4 is yes, provide the CIK (Central Index Key) code i	issued by the SEC for the entity/group.			······ <u> </u>	000	006480	03
4.1	Has the reporting entity been a party to a merger or consolidation during	g the period covered by this statement	?			Yes [] No	[X]
4.2	If yes, provide the name of the entity, NAIC Company Code, and state of ceased to exist as a result of the merger or consolidation.	of domicile (use two letter state abbrev	iation) for any	entity that has	;			
	1 Name of Entity	2 NAIC Company Code	3 State of Do	micile				
	· · · · · · · · · · · · · · · · · · ·							
5.	If the reporting entity is subject to a management agreement, including in-fact, or similar agreement, have there been any significant changes r If yes, attach an explanation.				Yes [] No [Х]	N/A [
6.1	State as of what date the latest financial examination of the reporting en	ntity was made or is being made			<u>-</u>	12/	31/202	20
6.2	State the as of date that the latest financial examination report became date should be the date of the examined balance sheet and not the dat					12/	31/202	20
6.3	State as of what date the latest financial examination report became aver the reporting entity. This is the release date or completion date of the edate).	examination report and not the date of t	he examination	n (balance sh	eet	05/	23/202	22
6.4	By what department or departments?							
6.5	Michigan Department of Insurance and Financial Services Have all financial statement adjustments within the latest financial exan statement filed with Departments?				Yes [] No []	N/A [X
6.6	Have all of the recommendations within the latest financial examination	report been complied with?			.Yes [X] No []	N/A [
7.1	Has this reporting entity had any Certificates of Authority, licenses or re revoked by any governmental entity during the reporting period?					Yes [] No	[X]
7.2	If yes, give full information:							
8.1	Is the company a subsidiary of a bank holding company regulated by th	ne Federal Reserve Board?				Yes [] No	[X]
8.2	If response to 8.1 is yes, please identify the name of the bank holding of	company.						
8.3	Is the company affiliated with one or more banks, thrifts or securities firm	ms?				Yes [] No	[X]
8.4	If response to 8.3 is yes, please provide below the names and location regulatory services agency [i.e. the Federal Reserve Board (FRB), the Insurance Corporation (FDIC) and the Securities Exchange Commission	Office of the Comptroller of the Curren	cy (OCC), the	Federal Depo				
	1 Affiliate Name	2 Location (City, State)		3 4 RB OCC	5 FDIC	6 SEC		

Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

GENERAL INTERROGATORIES

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity; (c) Compliance with applicable povermental laws, rules and regulations; (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and (e) Accountability for adherence to the code. 11 If the response to 9.1 is No, please explain: 12 Has the code of ethics for senior managers been amended? 12 If the response to 9.2 is Yes, provide information related to amendment(s). In the second quarter the Code of Conduct was updated to include Office of Workplace Assistance and the CVS Health Ombuds Team content. Refer to page 2 and various references to the OWA/Orbuds team throughout the Code. In the first quarter the code of conduct was updated to revise the definition of P1 to be included before P11. This was to carrily that P1 was not a subset of P11. 13 His ensurable was the code of Conduct was updated to the second was provided to the second was decreased to any of the specified officers? 14 If no response to 9.3 is Yes, provide the nature of any waiver(s). 15 If no response to 9.3 is Yes, provide the nature of any waiver(s). 16 If no response to 9.3 is Yes, provide the nature of any waiver(s). 17 If no response to 9.3 is Yes, provide the nature of any waiver(s). 18 If no response to 9.3 is Yes, provide the nature of any waiver(s). 19 If yes, indicate any amounts receivable from parent, subsidiaries or affiliates on Page 2 of this statement? 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: 10.2 If yes, indicate any amounts receivable from parent, subsidiaries or affiliates on Page 2 of this statement? 11.2 If yes, give full and complete information relating thereto: 12. Amount of real estate and mortgages held in other invested assets in Schedule BA: 13. Amount of real estate and mortgages held in short-term investments: 14.2 Bonds 15 Jes, picked and mortgages held in short-term invest	9.1	similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?			Yes [X] No []
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16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$	16.	For the reporting entity's security lending program, state the amount of the following as of the current statement da	te:				
				\$			0
		2) Compliance with applicable governmental laws, rules and regulations; 3) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and e) Accountability for adherence to the code. In the response to 9.1 is No, please explain: last the code of ethics for senior managers been amended? the response to 9.2 is Yes, provide information related to amendment(s). In the second quarter the Code of Conduct was updated to include Office of Workplace Assistance and the CVS Health Ombuds Team ontent. Refer to page 6 and various references to the OWA/Ombuds team throughout the Code. In the first quarter the code of conduct we plated to revise the definition of PII to be included before PII. This was to clarify that PII was not a subset of PHI. In the second quarter the Code of Conduct was updated to revise the definition of PII to be included before PII. This was to clarify that PII was not a subset of PHI. In the second place of the second variety of the specified officers? INVESTMENT INVESTMENT Vere any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for set by another person? (Exclude securities under securities lending agreements.) INVESTMENT Vere any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for set by another person? (Exclude securities under securities lending agreements.) INVESTMENT Vere any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for set by another person? (Exclude securities lending agreements.) INVESTMENT Vere any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for real estate and mortgages held in other invested assets in Schedule BA: Investment of real estate and mortgages held in other invested assets in Schedule DB.		\$			0
1 7							

GENERAL INTERROGATORIES

ĺ	1				2			
State Street Bank	Name of Cus and Trust Company	todian(s)	State Str	et Financial Cer	Custodian Addr Iter: One Linco	ess In Street; Boston, MA C)2111-	
	and made company							
For all agreements to location and a comp		vith the requirements of the NA	IC Financial C	ondition Examiner	s Handbook, p	rovide the name,		
1 Name		2 Location(s)		C	3 Complete Expla	nation(s)		
Have there been any If yes, give full inform	•	g name changes, in the custodieto:	ian(s) identified	in 17.1 during the	e current quarte	r?	Yes	[] No [X
1 Old Cus		2 New Custodian	Da	3 ate of Change		4 Reason		
make investment de	cisions on behalf o	nvestment advisors, investment f the reporting entity. For assets stment accounts"; "handle se	s that are mana	aged internally by				
Derek S. Blunt as		1 <u>n or Individual</u> Officer		2 iliation				
		ed in the table for Question 17.5 more than 10% of the reporting					. Yes	[] No [)
		d with the reporting entity (i.e. on aggregate to more than 50%					Yes	[] No [)
For those firms or in-	dividuals listed in th	ne table for 17.5 with an affiliation	on code of "A"	(affiliated) or "U" (unaffiliated), pr	ovide the information for	the	
1		2		;	3	4		5 Investment Management
Central Registration Depository Number		Name of Firm or Individual						Agreement
Depository Number				Logal Entity I	dontifier (LEI)	Pagistared With		
N/A	Derek S. Blunt	Name of Film of Individual		N/A		Registered With Not registered		(IMA) Filed N0
N/AHave all the filing red	quirements of the F	durposes and Procedures Manu		N/A		Not registered		NO
N/A	quirements of the F			N/A		Not registered		NO
N/A Have all the filing red If no, list exceptions: By self-designating 6 a. Documentatic security is no b. Issuer or oblig	quirements of the F GGI securities, the r on necessary to per t available. gor is current on all	eporting entity is certifying the firmit a full credit analysis of the contracted interest and princip	ual of the NAIC following elemesecurity does nal payments.	Investment Analy ents for each self- ot exist or an NAI	sis Office been designated 5GI	Not registeredfollowed?		NO
N/A Have all the filing red If no, list exceptions: By self-designating 5 a. Documentatic security is no b. Issuer or oblig c. The insurer h	quirements of the F GGI securities, the r on necessary to per t available. por is current on all as an actual expec	rurposes and Procedures Manuerporting entity is certifying the firm to full credit analysis of the second control of the second cont	ual of the NAIC following elemes security does nal payments.	Investment Analy ents for each self- ot exist or an NAI	sis Office been designated 5GI C CRP credit ra	followed?security: ting for an FE or PL	Yes	[X] No [
N/A Have all the filing red If no, list exceptions: By self-designating 5 a. Documentation security is no b. Issuer or oblig c. The insurer has Has the reporting en By self-designating F a. The security w b. The reporting	quirements of the F GGI securities, the r on necessary to per t available. gor is current on all as an actual expec- tity self-designated PLGI securities, the as purchased prior entity is holding ca	eporting entity is certifying the fi mit a full credit analysis of the contracted interest and princip tation of ultimate payment of all	rollowing elements all payments. I contracted interest following elements.	Investment Analy ents for each self- ot exist or an NAI erest and principa nents of each self-	sis Office been designated 5GI C CRP credit ra I. designated PL security.	Not registered	Yes	[X] No [
N/A Have all the filing red If no, list exceptions: By self-designating 5 a. Documentatic security is no b. Issuer or oblig c. The insurer h. Has the reporting en By self-designating F a. The security w b. The reporting c. The NAIC Des on a current pi	quirements of the F GGI securities, the r on necessary to per t available. por is current on all as an actual expec- tity self-designated PLGI securities, the as purchased prior entity is holding cal ignation was deriv ivate letter rating h	eporting entity is certifying the finite a full credit analysis of the accontracted interest and principitation of ultimate payment of all 5GI securities?	following elements all payments. I contracted interest following elements. I contracted interest following elements. The following elements follow	Investment Analy ents for each self- ot exist or an NAI erest and principa ments of each self in reported for the CRP in its legal con by state insurai	sis Office been designated 5GI C CRP credit ra I. designated PL security. apacity as a NF	Not registered	Yes	[X] No [
N/A Have all the filing red If no, list exceptions: By self-designating 5 a. Documentatic security is no b. Issuer or oblic c. The insurer h. Has the reporting en By self-designating 6 a. The security w b. The reporting c. The NAIC Des on a current pi d. The reporting	quirements of the F GGI securities, the r on necessary to per t available. por is current on all as an actual expec tity self-designated PLGI securities, the as purchased prior entity is holding cal ignation was deriv rivate letter rating r entity is not permitt	eporting entity is certifying the finite a full credit analysis of the contracted interest and principlation of ultimate payment of all 5GI securities? reporting entity is certifying the to January 1, 2018. bital commensurate with the NA of from the credit rating assigned by the insurer and available	following elements and payments. I contracted interpretation of the payments are following elements. In the payments are following elements. It contracted interpretation end by an NAIC performed by	Investment Analy ents for each self- ot exist or an NAI erest and principa ments of each self in reported for the CRP in its legal c on by state insurar	sis Office been designated 5GI C CRP credit ra designated PL security. apacity as a NF nce regulators.	Not registered	Yes	[X] No [
N/A Have all the filing red If no, list exceptions: By self-designating 5 a. Documentation security is not b. Issuer or oblig c. The insurer has Has the reporting en By self-designating F a. The security w b. The reporting c. The NAIC Deston a current p d. The reporting en Has the reporting en By assigning FE to a FE fund: a. The shares we	quirements of the F GGI securities, the r on necessary to per t available. gor is current on all as an actual expec tity self-designated PLGI securities, the as purchased prior entity is holding cal ignation was derive rivate letter rating h entity is not permitt tity self-designated a Schedule BA non ere purchased prior ere purchased prior	eporting entity is certifying the firmit a full credit analysis of the econtracted interest and principitation of ultimate payment of all 5GI securities? Preporting entity is certifying the to January 1, 2018. Dital commensurate with the NA and from the credit rating assigned by the insurer and available ed to share this credit rating of PLGI securities? Pregistered private fund, the reputation of the properties of the	following elements and payments. I contracted interest of the payments are following elements. It contracted interest of the payments are following elements. It contracted interest of the payments are payments of the payme	Investment Analy Investment Analy Interest and principa Interest a	sis Office been designated 5GI C CRP credit ra designated PL security. apacity as a NF nce regulators. wing elements	Not registered	Yes	[X] No [
N/A Have all the filing red If no, list exceptions: By self-designating 5 a. Documentatic security is no b. Issuer or oblig c. The insurer h. Has the reporting en By self-designating 6 a. The security w b. The reporting c. The NAIC Des on a current p d. The reporting en By assigning FE to a FE fund: a. The shares we b. The reporting c. The security h. January 1, 20	quirements of the F GGI securities, the r on necessary to per t available, gor is current on all as an actual expec- tity self-designated PLGI securities, the as purchased prior entity is holding cal ignation was deriv- rivate letter rating h- entity is not permitt tity self-designated Schedule BA non ere purchased prior entity is holding cal and a public credit re 19.	rurposes and Procedures Manu- rurposes and Procedures Manu- reporting entity is certifying the secontracted interest and princip- tation of ultimate payment of all 5GI securities? reporting entity is certifying the securities and the North Commensurate with the North Commensurate with the North Commensurate with the North Commensurate with the reput to January 1, 2019.	following elements all payments. Il contracted interest of the payments of the following elements of the payments of the payme	Investment Analy ents for each self- ot exist or an NAI erest and principa ments of each self- or reported for the CRP in its legal c on by state insurar with the SVO. certifying the follo	sis Office been designated 5GI C CRP credit ra I. designated PL security. apacity as a NF ice regulators. wing elements	followed? security: titing for an FE or PL GI security: RSRO which is shown of each self-designated	Yes	[X] No [
N/A Have all the filing red if no, list exceptions: By self-designating 5 a. Documentation security is no b. Issuer or oblig c. The insurer has the reporting en By self-designating for a. The security when the reporting c. The NAIC Designation of the reporting end. The reporting end. The reporting end by assigning FE to a FE fund: a. The shares we b. The reporting c. The security has the reporting c. The se	quirements of the F GGI securities, the r on necessary to per t available. por is current on all as an actual expectitity self-designated PLGI securities, the as purchased prior entity is holding cal ignation was deriv rivate letter rating r entity is not permitt tity self-designated a Schedule BA non ere purchased prior entity is holding cal ad a public credit ra 9. or predominantly h ported NAIC Desig acity as an NRSRO	eporting entity is certifying the firm a full credit analysis of the scontracted interest and principitation of ultimate payment of all 5GI securities? Preporting entity is certifying the to January 1, 2018. In the credit rating assigned by the insurer and available ed to share this credit rating of PLGI securities? Tregistered private fund, the registered private fund, the registered private with the NA string(s) with annual surveillance to laboration was derived from the pure point of the pure point of the pure property of	following elements and payments. It contracted into the following elements are following elements. It contracted into the PL security the PL s	Investment Analy ents for each self- ot exist or an NAI erest and principa ments of each self in reported for the CRP in its legal c on by state insurar with the SVO. certifying the follo	sis Office been designated 5GI C CRP credit ra designated PL security. apacity as a NF nce regulators. wing elements security. s legal capacity	Not registered	Yes	[X] No [

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

	1.1 A&H loss percent	 			8	30.8 9
	1.2 A&H cost containment percent	 				.3.5 %
	1.3 A&H expense percent excluding cost containment expenses	 			1	13.8 %
2.1	Do you act as a custodian for health savings accounts?	 Yes []	No [Х]	
2.2	If yes, please provide the amount of custodial funds held as of the reporting date	\$ 				0
2.3	Do you act as an administrator for health savings accounts?	 Yes []	No [Х]	
2.4	If yes, please provide the balance of the funds administered as of the reporting date	\$ 				0
3.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	 Yes [X]	No []	
3.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of	Yes [1	No [1	

Showing All New Reinsurar	nce Treaties	 Current Y 	ear to Date

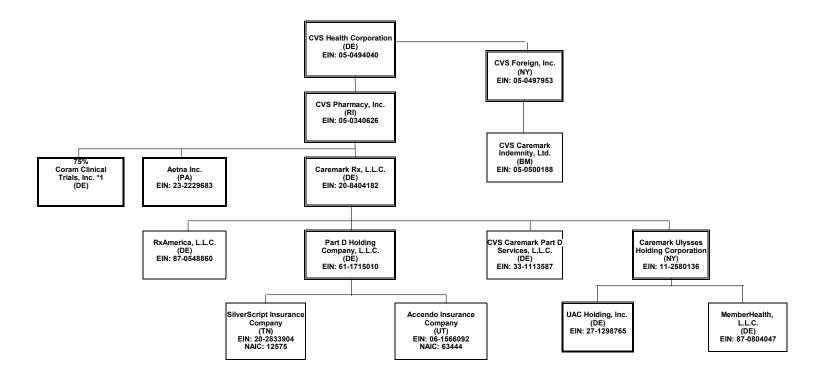
Showing All New Reinsurance Treaties - Current Year to Date 1 2 3 4 5 6 7 8 9											
1 NAIC	2	3 4	5	6 Type of		8	9 Certified Reinsurer	10 Effective Date of Certified			
Company Code	ID Number	Effective Date Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Ceded	Type of Business Ceded	Type of Reinsurer	Rating (1 through 6)	Reinsurer			
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SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories 10 Federal Life and Annuity Premiums & Other Employees Health Accident and Health Total Columns 2 Active Renefite Property/ Casualty CHIP Title Deposit-Type Program Premiums Premiums States, etc (a) Title XVIII Title XIX XXI Premiums sideration Premiums Through 8 Contracts Alabama ..0 ..0 .0 .0 ..0 .0 ..0 ..0 ΑL .0 ..N. Alaska ΑK N .0 .0 3. Arizona ΑZ ..0 ..0 .0 .0 ..0 .0 .0 0. .0 4. Arkansas AR N n 0 0 0 0 0 n ٥ 0 5. California CA N 0 0 0 0 0 0 0 0 0 .0 0. 6. Colorado CO N. ..0 .0 .0 .0 .0 .0 .0 Connecticut СТ .0 .N. ..0 ..0 .0 .0 ..0 .0 ..0 .0 DE ..0 ..0 .0 .0 ..0 .0 .0 .0 .0 ..N 9. District of Columbia DC .N. .0 .0 .0 ..0 0. .0 .0 .0 10. Florida 0 0 0 .0 0 .0 0 0 0. 11. Georgia GΑ N. 0 .0 .0 .0 0 0 0 .0 0. 12. Hawaii н N 0 0 0 0 0 0 0 0 0 .26,327,036 .26,327,036 13. .0 0. Idaho ID ..0 .0 .0 ..0 .0 14. Illinois ..0 ..0 .0 .0 ..0 .0 .0 ..0 .0 IL .N. 15. Indiana IN ..0 ..0 .0 .0 .0 .0 .0 .0 0. 16. .N .0 .0 .0 .0 ..0 .0 .0 .0 .0 17. Kansas KS .0 .0 .0 .0 .0 .0 .0 .0 .0 18 Kentucky ΚY N 0 n 0 n 0 0 n ٥ 0 19. Louisiana LA N 0 0 0 0 0 0 0 0 0 20. 0 0 Maine ME N 0 0 0 0 0 0 0 21. Maryland MD ..0 .0 .0 ..0 .0 .0 ..0 .0 .N. ..0 22. Massachusetts MA ..0 .0 .0 .0 .0 .0 .0 ..0 N. 23. Michigan .0 .147,060,551 .150,337,541 34,772 .0 .0 .0 297,432,864 .0 24. Minnesota MN ..0 ..0 .0 ..0 .0 .0 .0 .0 25. Mississippi MS N. 0 0 0 0 0 0 0 0 0 26. Missouri MO N 0 0 0 0 0 0 0 0 0 0. 27. Montana MT N. ..0 .0 .0 .0 .0 .0 .0 .0 28. Nebraska ..0 .0 .0 ..0 0. NE ..N. ..0 .0 .0 ..0 29 Nevada . NV ..0 ..0 .0 .0 ..0 .0 .0 .0 .0 30. New Hampshire .0 0. .0 .0 .0 .0 .0 0. 0. NH N New Jersey 31. ..0 ..0 .0 .0 .0 .0 .0 .0 .0 32 New Mexico NM N. ٥ ٥ ٥ ٥ ٥ ٥ Λ ٥ 0. 33. New York NY N 0 0 0 0 0 0 0 0 0 North Carolina 0 34. NC N 0 0 0 0 0 0 0 0 35. North Dakota ..0 0 .0 .0 .0 .0 .0 0 ND N. .0 36. Ohio ..0 ..0 .0 .0 ..0 .0 .0 ..0 0. ОН .N. 37. Oklahoma .0 .0 .0 OK N .0 .0 .0 38 Oregon OR ..0 .81,930,735 .0 .0 ..0 .0 .0 .81,930,735 .0 39 Pennsylvania РΑ N n 0 0 0 0 0 n 0 0 40. Rhode Island RI N 0 0 0 0 0 0 0 0 0 41. South Carolina 0. SC N. ..0 .0 .0 .0 .0 .0 .0 .0 42. South Dakota SD ..0 .0 .0 .0 .N. ..0 .0 ..0 ..0 .0 ..0 ..0 .0 .0 ..0 .0 .0 .0 .0 ΤN 44. .0 .0 ..0 .0 .0 ΤX .N. 0. .0 45. Utah UT 0 0 0 .0 0 .0 0 0 0. 46. Vermont VT N. 0 .0 .0 .0 0 0 0 0 0. 47. Virginia VΑ N 0 0 0 0 0 0 0 0 0 48. Washington .0 0. WA .N. ..0 ..0 .0 .0 ..0 .0 .0 West Virginia WV 49. ..0 .0 .0 .0 ..0 .0 .0 ..0 0. N. 50. Wisconsin WI ..0 .0 .0 .0 .0 .0 .0 .0 .0 N 51. Wyoming .0 .0 .0 .0 ..0 .0 .0 .0 .0 WY N. 52 American Samoa AS .0 .0 .0 .0 .0 .0 .0 .0 .0 53 Guam GU N 0 n 0 n n 0 n ٥ 0 54. Puerto Rico PR N 0 0 0 0 0 0 0 0 0 55. U.S. Virgin Islands VI N 0 0 0 0 0 0 0 0 0 Northern Mariana 56. MP .0 .0 .0 0. Islands N. .0 ..0 .0 .0 .0 57. Canada ..0 .0 .0 .0 .0 .0 ..0 .0 .0 CAN N. 58. Aggregate Other ОТ XXX 0 0 0 0 0 0 59. Subtotal .0 255,318,322 .150,337,541 34,772 .0 .0 .0 405,690,635 0. .XXX 60. Reporting Entity Contributions for Employe Benefit Plans XXX 0 0 0 255,318,322 150,337,541 61 Totals (Direct Business) XXX 34,772 0 0 0 405,690,635 0 DETAILS OF WRITE-INS 58001 XXX. 58002 XXX 58003. .XXX. 58998. Summary of remaining write-ins for Line 58 from overflow page Totals (Lines 58001 through XXX 0 0 0 0 0 0 0 0 0 58999. 58003 plus 58998)(Line 58 above) (a

Active Status Counts:	
L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG3	R - Registered - Non-domiciled RRGs0
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state0	Q - Qualified - Qualified or accredited reinsurer0
N - None of the above - Not allowed to write business in the state 54	

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART



This organizational chart reflects the insurance entity reporting system and identifies the relationship between the ultimate parent and all member insurers. The ultimate controlling company is a Fortune 7 company with numerous subsidiaries, the majority of which do not interact with the insurance entities.

(1) Insurers/HMO's

Double borders indicate entity has subsidiaries shown on the same page.

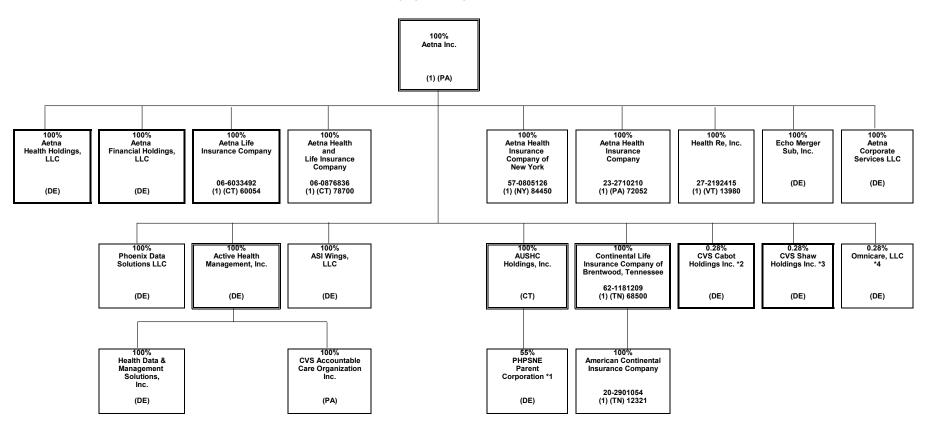
Bold borders indicate entity has subsidiaries shown on a separate page.

Percentages are rounded to the nearest whole percent and based on ownership of voting rights.

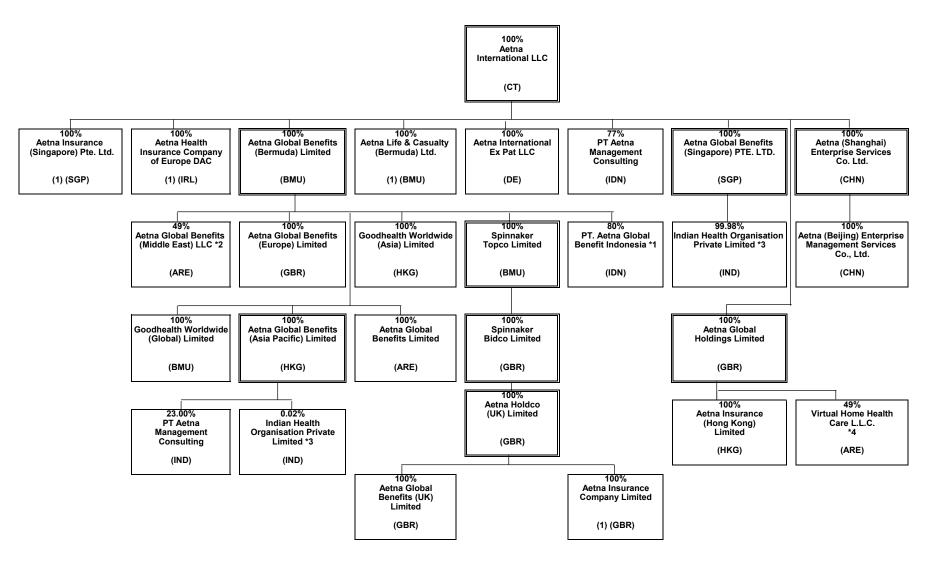
^{*1} Coram Clinical Trials, Inc. is also 25% owned by Aetna Life Insurance Company

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



^{*1} PHPSNE Parent Corporation is also 45% owned by third parties.
*2 CVS Cabot Holdngs Inc. is also 99.72% owned by Coram Clinical Trials, Inc.
*3 CVS Shaw Holdngs Inc. is also 99.72% owned by Coram Clinical Trials, Inc.
*4 Omnicare, LLC is also owned by CVS Cabot Holdings Inc and CVS Shaw Holdngs Inc., each with 49.86% ownership.

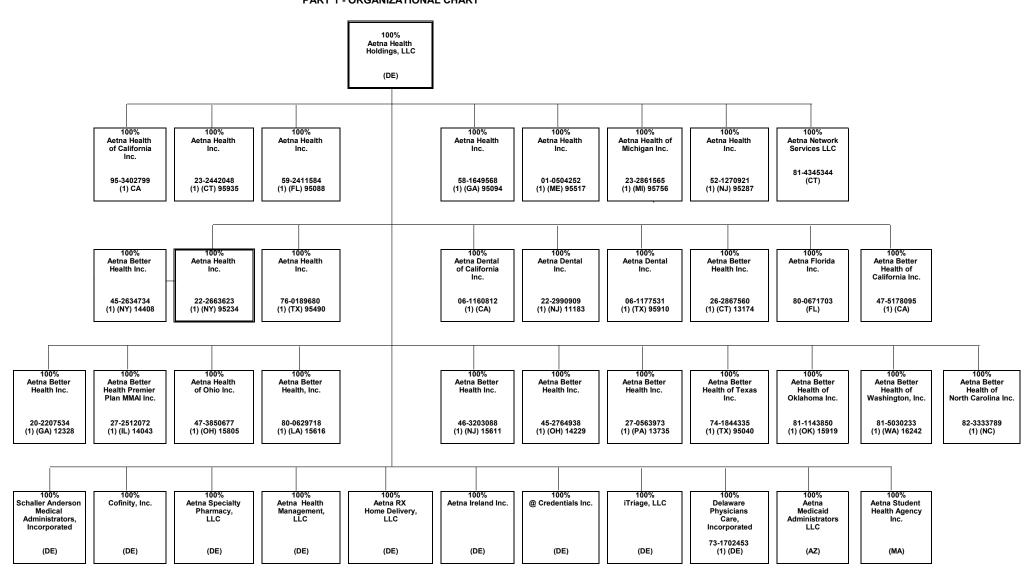


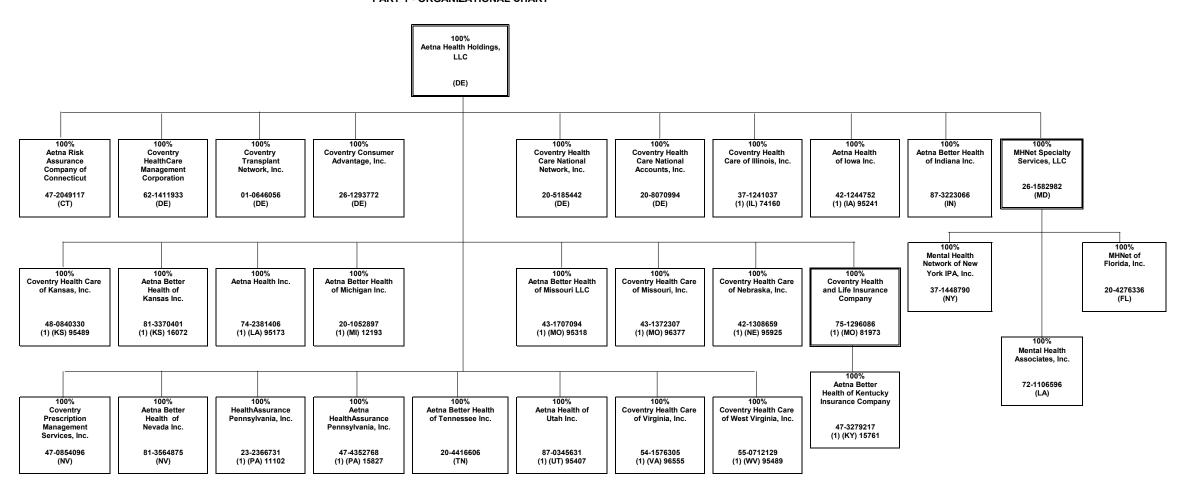
^{*1} PT. Aetna Global Benefits Indonesia is also 20% owned by Suhatsyah Rivai, Aetna's Nominee.

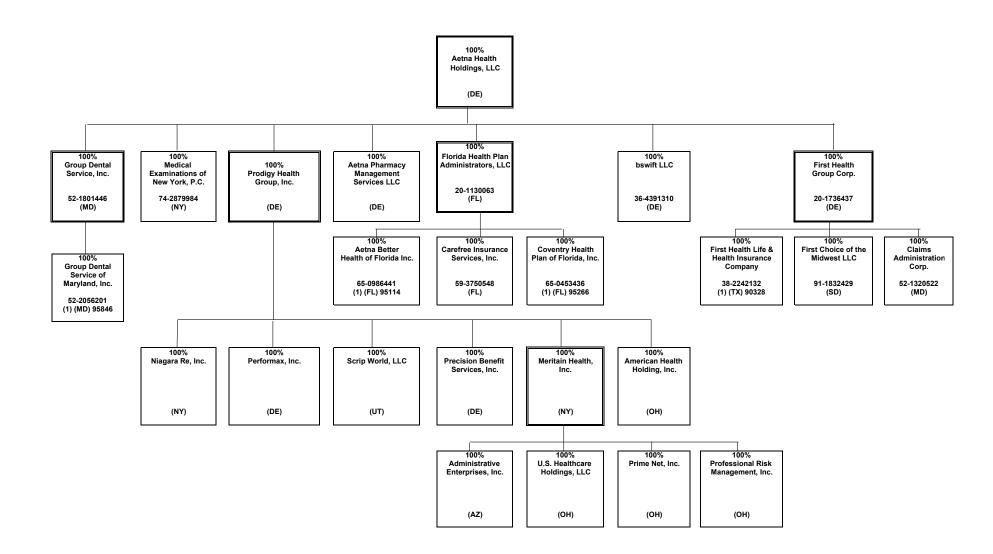
*2 Aetna Global Benefits (Middle East) LLC is also 51% is owned by Euro Gulf LLC, Aetna's Nominee.

*3 Indian Health Organisation Private Limited is 0.019857% owned by Aetna Global Benefits (Asia Pacific) and 99.980143% owned by Aetna Global Benefits (Singapore) PTE. LTD.

*4 Virtual Home Health Care L.L.C. is also 51% owned by CBD Commercial Brokers LLC, Aetna's Nominee

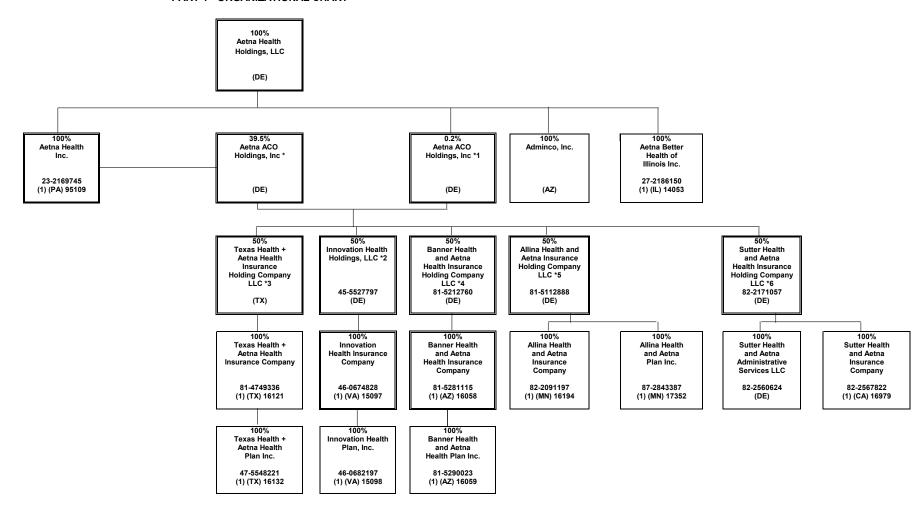






SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

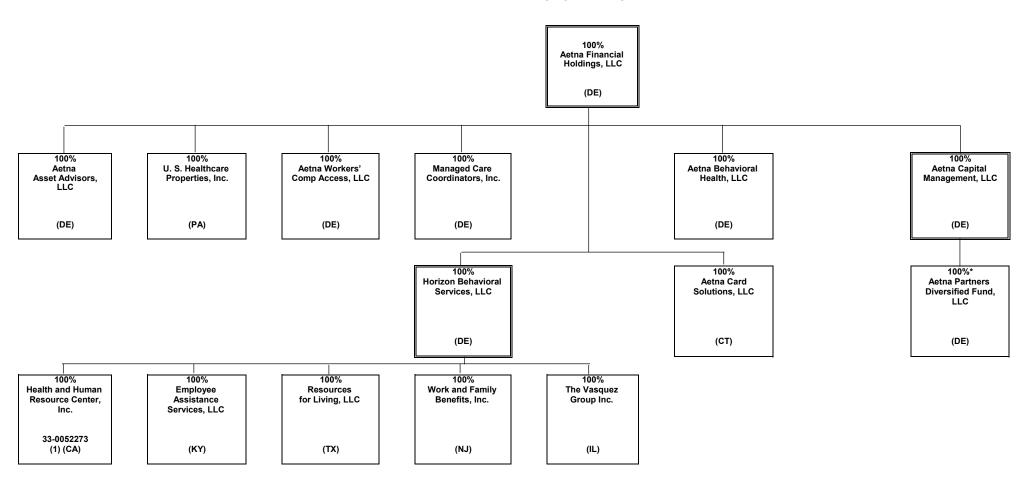


^{*1} Aetna ACO Holdings Inc. is owned by Aetna Life Insurance Company (302 shares); Aetna Health Inc. (PA) (198 shares); and Aetna Health Holdings, LLC (1 share).

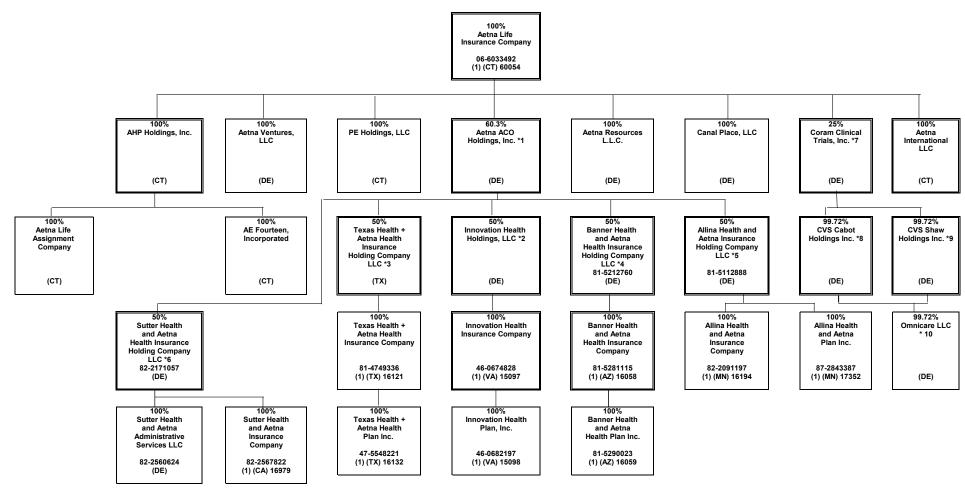
^{*2} Innovation Health Holdings, LLC is also 50% owned by Inova Health System Foundation.

^{*3} Texas Health + Aetna Health Insurance Holding Company LLC is also 50% owned by Texas Health Resources.
*4 Banner Health and Aetna Health Insurance Holding Company LLC is also 50% owned by Banner Health.

^{*5} Allina Health and Aetna Insurance Holding Company LLC is also 50% owned by Allina Health.
*6 Sutter Health and Aetna Insurance Holding Company LLC is also 50% owned by Sutter Health Plan Products Organization, LLC.



^{*} Aetna Capital Management, LLC owns 100% of the voting rights of Aetna Partners Diversified Fund, LLC ("APDF"). APDF is a fund of hedge funds and certain subsidiaries of CVS Health Group invest in this fund, which does not confer any managing or controlling ownership interests in APDF.



^{*1} Aetna ACO Holdings Inc. is owned by Aetna Life Insurance Company (302 shares); Aetna Health Inc. (PA) (198 shares); and Aetna Health Holdings, LLC (1 share).
*2 Innovation Health Holdings, LLC is also 50% owned by Inova Health System Foundation.

^{*3} Texas Health + Aetna Health Insurance Holding Company LLC is also 50% owned by Texas Health Resources.

^{*4} Banner Health and Aetna Health Insurance Holding Company LLC is also 50% owned by Banner Health.

^{*5} Allina Health and Aetna Insurance Holding Company LLC is also 50% owned by Allina Health System.

^{*6} Sutter Health and Aetna Insurance Holding Company LLC is also 50% owned by Sutter Health Plan Products Organization, LLC.
*7 Coram Clinical Trials, Inc. is also 75% owned by CVS Pharmacy, Inc.

^{*8} CVS Cabot Holdings Inc. is also .28% owned by Aetna Inc.

^{*9} CVS Shaw Holdings Inc. is also .28% owned by Aetna Inc.

^{*10} Remaining .28% owned by Aetna Inc. CVS Cabot Holdings Inc. and CVS Shaw Holdings Inc. each owning 49.86%.

	PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
		_									Type	If		,	'
											of Control	Control			'
											(Ownership,	is		Is an	'
						Name of Securities			Relation-		Board,	Owner-		SCA	'
						Exchange		Domi-	ship		Management,	ship		Filina	'
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	'
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	, '
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)	
.0001	CVS HEALTH GROUP	Code	05-0494040	NOOD	0000064803	NYSE	CVS Health Corporation	DE	UIP	Board of Directors	Board of Directors	100.000	CVS Health Corporation		1
0001	CVS HEALTH GROUP	63444	06-1566092		0000004000	NIOL	Accendo Insurance Company	UT	IA	Part D Holding Company, L.L.C.	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	12575	20-2833904				SilverScript Insurance Company	TN	IA.	Part D Holding Company, L.L.C.	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	05-0340626				CVS Pharmacy. Inc.	RI	UIP	CVS Health Corporation	Owner ship.	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	20-8404182				Caremark Rx, L.L.C.	DE	NIA	CVS Pharmacy, Inc	Ownership.	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	. 61-1715010				Part D Holding Company, L.L.C.	DE	NIA	Caremark, Rx., L.L.C.	Ownership	100.000	. CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	33-1113587				CVS Caremark Part D Services, L.L.C.	DE	NIA	Caremark, Rx., L.L.C.	Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	. 87-0548860				RxAmerica, L.L.C.	DE	NIA	Caremark, Rx., L.L.C.	Ownership	100.000	. CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	11–2580136				Caremark Ulysses Holding Corporation	NY	NIA	Caremark, Rx., L.L.C.	Ownership	100.000	. CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	. 87-0804047				MemberHealth, L.L.C.	DE	NIA	Caremark Ulysses Holding Corporation	Ownership	100.000	. CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	05-0500188				CVS Caremark Indemnity, Ltd.	BMU	IA	CVS Foreign, Inc.	Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	. 27-1298765 05-0497953				UAC Holding, Inc.	DE	NIA NIA	Caremark Ulysses Holding Corporation	Ownership	100.000	CVS Health Corporation	N0 N0	0
0001	CVS HEALTH GROUP	00000	. 58-2160656				CVS Foreign, Inc.	DE	NIA	CVS Health Corporation	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	. 23-2229683	3060706	0001122304		Coram Clinical Irlais, Inc.	DE	NIA	CVS Pharmacy, Inc	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	30-0123754		0001122304		Aetna Inc. Aetna Health Holdings, LLC	PA	UDP	Aetna Inc.	Owner ship.	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	95-3402799				Aetna Health of California Inc.		IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	95935	23-2442048				Aetna Health Inc.	CT	IA.	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	95088	59-2411584				Aetna Health Inc.	FL	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	95094	58-1649568				Aetna Health Inc.	GA	IA	Aetna Health Holdings, LLC	Owner ship.	100.000	CVS Health Corporation	NO.	0
0001	CVS HEALTH GROUP	95517	01-0504252				Aetna Health Inc.	ME	IA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	95756	23-2861565				Aetna Health of Michigan Inc.	MI	IA	Aetna Health Holdings, LLC	Ownership.	100.000	. CVS Health Corporation	NO	0
	CVS HEALTH GROUP	95287	. 52-1270921				Aetna Health Inc.	NJ	IA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	95234	. 22-2663623				Aetna Health Inc.	NY	IA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	14408	. 45-2634734				Aetna Better Health Inc.	NY	IA	Aetna Health Inc. (NY)	. Ownership	100.000	. CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	95490	. 76-0189680				Aetna Health Inc.	TX	IA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	95040	. 74-1844335				Aetna Better Health of Texas Inc.	TX	IA	Aetna Health Holdings, LLC	. Ownership	100.000	. CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	12328	. 20-2207534				Aetna Better Health Inc.	GA	IA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	N0	0!
0001	CVS HEALTH GROUP	00000	. 06-1160812 22-2990909				Aetna Dental of California Inc.	CA	IAIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N0 N0	U
0001	CVS HEALTH GROUP	95910	06-1177531				Aetna Dental Inc.	TX	IA	Aetna Health Holdings, LLC	Ownership.	100.000	CVS Health Corporation	NO	0
	CVS HEALTH GROUP	00000	30-0123760				Aetna Rx Home Delivery, LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	13-3670795				Aetna Health Management, LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	22-3187443				Aetna Ireland Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	. 57-1209768				Aetna Specialty Pharmacy, LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership.	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	20-1274723				Cofinity, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership.	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	. 23-2671370				@Credentials Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	13735	. 27-0563973				Aetna Better Health Inc.	PA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	13174	. 26-2867560				Aetna Better Health Inc.	CT	IA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	. 47-5178095				Aetna Better Health of California Inc	CA	IA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	14043	. 27-2512072				Aetna Better Health Premier Plan MMAI Inc.		IA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	15805 15616	. 47-3850677				Aetna Health of Ohio Inc.	H	IA	Aetna Health Holdings, LLC	. Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	15616	. 80-0629718 80-0671703				Aetna Better Health, Inc.	LA FL	IA	Aetna Health Holdings, LLC	Ownership.	100.000	CVS Health Corporation	NO NO	V
0001	CVS HEALTH GROUP	14229	. 80-06/1/03 45-2764938				Aetna Better Health Inc.	FL 0H	NIA IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	15611	46-3203088				Aetna Better Health Inc.	NJ	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO NO	0
0001	CVS HEALTH GROUP	15919	81-1143850	-			Aetna Better Health of Oklahoma Inc.	OK	IA	Aetna Health Holdings, LLC	Ownership.	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	04-2708160				Aetna Student Health Agency Inc.	MA	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	73-1702453				Delaware Physicians Care, Incorporated	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
]	1			Schaller Anderson Medical Administrators,]
0001	CVS HEALTH GROUP	00000	. 01-0826783				Incorporated	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	86-0842559				Aetna Medicaid Adminstrators LLC	AZ	NIA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	N0	0
	CVS HEALTH GROUP	00000	. 45-2944270				iTriage, LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	. 16-1471176				Prodigy Health Group, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	NO	0

	PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM														
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						Exchange		Domi-	ship		Management,	ship		Filing	
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Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)) *
0001	CVS HEALTH GROUP	00000	45-4901541				Aetna ACO Holdings, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	0.200	CVS Health Corporation	YES	3
0001	CVS HEALTH GROUP	00000	. 74–2879984				Medical Examinations of New York, P.C	NY	NIA	Aetna Health Holdings, LLC	Owner ship	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	45-5527797				Innovation Health Holdings, LLC	DE	NIA	Aetna ACO Holdings, Inc.	Ownership	50.000	CVS Health Corporation	N0	6
0001	CVS HEALTH GROUP	15097	46-0674828				Innovation Health Insurance Company	VA	IA	Innovation Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	15098	46-0682197				Innovation Health Plan, Inc.	VA	IA	Innovation Health Insurance Company	Ownership	100.000	CVS Health Corporation	N0	0
							Texas Health + Aetna Health Insurance Holding							· '	
0001	CVS HEALTH GROUP	00000	81-3789357				Company LLC	TX	NIA	Aetna ACO Holdings, Inc.	Ownership	50.000	CVS Health Corporation	N0	8
2004	OVO USU SU OBOVO	10101					Texas Health + Aetna Health Insurance Company	 1/		Texas Health + Aetna Health Insurance		400.000	lava u u u a		
0001	CVS HEALTH GROUP	16121	81-4749336					TX	IA	Holding Company LLC	Owner ship.	100.000	CVS Health Corporation	N0	0
0004	CVC HEALTH CDOUR	16100	47 5540004				Tayon Health , Astro Health Dies lee	TV	1.4	Texas Health + Aetna Health Insurance	O	100.000	CVC Haalth Carrage ::-	AIO.	
0001	CVS HEALTH GROUP	16132 95109	47-5548221				Texas Health + Aetna Health Plan Inc.	TX PA	IA	Company	Ownership.		CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	95109	23-2169745 45-4901541				Aetna Health Inc	PA	IA NIA	Aetna Health Holdings, LLC	Ownership	39.500	CVS Health Corporation	N0 YES	0
0001	CVS HEALTH GROUP	00000	45-4901541 20-0438576				Niagara Re. Inc.	NY	NIA	Aetna Health Inc. (PA) Prodigy Health Group, Inc.	Ownership	39.500	CVS Health Corporation	YES NO	3
0001	CVS HEALTH GROUP	00000	52-2200070				Performax. Inc.	NT	NIA	Prodigy Health Group, Inc.	Owner strip	100.000	CVS Health Corporation	NO	V
0001	CVS HEALTH GROUP	00000	87-0632355				Scrip World, LLC	UT	NIA	Prodigy Health Group, Inc.	Owner ship	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	27-1760756				Precision Benefit Services. Inc.	DE	NIA	Prodigy Health Group, Inc.	Owner ship	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	31-1368946				American Health Holding, Inc.	OH	NIA	Prodigy Health Group, Inc.	Owner ship	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	16-1264154				Meritain Health, Inc.	NY	NIA	Prodigy Health Group, Inc.	Owner ship	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	86-0537707				Adminco. Inc.	AZ	NIA	Aetna Health Holdings, LLC	Owner ship.	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	86-0527428				Administrative Enterprises, Inc.	AZ	NIA	Meritain Health, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	16-1684061				U.S. Healthcare Holdings, LLC	0H	NIA	Meritain Health, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	34-1670299				Prime Net. Inc.	0H	NIA	Meritain Health, Inc.	Ownership.	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	34-1348032				Professional Risk Management, Inc.	OH	NIA	Meritain Health, Inc.	Ownership	100.000	CVS Health Corporation	NO.	0
			1				Continental Life Insurance Company of								
0001	CVS HEALTH GROUP	68500	62-1181209				Brentwood, Tennessee	TN	IA	Aetna Inc.	Ownership.	100.000	CVS Health Corporation	NO	0
										Continental Life Insurance Company of	· ·		·	,	
0001	CVS HEALTH GROUP	12321	20-2901054				American Continental Insurance Company	TN	IA	Brentwood, Tennessee	Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	60054	06-6033492				Aetna Life Insurance Company	CT	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	45-4901541				Aetna ACO Holdings, Inc.	DE	NIA	Aetna Life Insurance Company	Owner ship.	60.300	CVS Health Corporation	YES	3
0001	CVS HEALTH GROUP	00000	06-1270755				AHP Holdings, Inc.	CT	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	06-1028469				AE Fourteen, Incorporated	CT	NIA	AHP Holdings, Inc.	Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	06-1373153				Aetna Life Assignment Company	CT	NIA	AHP Holdings, Inc.	Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	20-3678339				PE Holdings, LLC	CT	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	06-1423207				Aetna Resources L.L.C.	DE	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000					Canal Place, LLC	DE	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	20-3180700				Aetna Ventures, LLC	DE	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	58-2160656				Coram Clinical Trials, Inc.	DE	NIA	Aetna Life Insurance Company	Ownership	25.000	CVS Health Corporation	NO	13
0001	CVS HEALTH GROUP	00000	85-3918720				CVS Cabot Holdings Inc.	DE	NIA	Coram Clinical Trials, Inc.	Owner ship	99.720	CVS Health Corporation	NO	14
0001	CVS HEALTH GROUP	00000	85-3918567	-			CVS Shaw Holdings Inc.	DE	NIA	Coram Clinical Trials, Inc.	Owner ship	99.720	CVS Health Corporation	N0	15
0001	CVS HEALTH GROUP	00000	31-1001351				Omnicare, LLC	DE	NIA	CVS Cabot Holdings Inc	Owner ship	49.860	CVS Health Corporation	NO	16
0001	CVS HEALTH GROUP	00000	31-1001351				Omnicare, LLC	DE DE	NIA	CVS Shaw Holdings Inc	Ownership	49.860	CVS Health Corporation	N0	16
0001	CVS HEALTH GROUP	00000	41-2035961				Aetna Financial Holdings, LLC		NIA				CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	26-2030792 23-2354500				Aetna Asset Advisors, LLC	DE PA	NIA NIA.	Aetna Financial Holdings, LLC Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO NO	1n
0001	CVS HEALTH GROUP	00000	38-3704481				U.S. Healthcare Properties, Inc	PA DE	NIA	Aetna Financial Holdings, LLC Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	11-3667142	1	0001314522		Aetna Partners Diversified Fund, LLC	DE	NIA	Aetna Capital Management, LLC	Ownership	100.000	CVS Health Corporation	N0	U
0001	CVS HEALTH GROUP	00000	20-0446676		000 10 14022		Aetna Workers' Comp Access, LLC	DE	NIA	Aetna Capital Management, LLC	Owner ship	100.000	CVS Health Corporation	N0	
0001	CVS HEALTH GROUP	00000	20-0446676				Aetna Behavioral Health, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	23-2670015				Managed Care Coordinators, Inc.	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	59-3269144				Horizon Behavioral Services, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	61-1193498				Employee Assistance Services, LLC	KY	NIA	Horizon Behavioral Services, LLC	Owner ship	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	33-0052273	1			Health and Human Resource Center, Inc.	CA	IA	Horizon Behavioral Services, LLC	Owner ship	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	75-2420973				Resources for Living, LLC	TX	NIA	Horizon Behavioral Services, LLC	Owner ship.	100.000	CVS Health Corporation	NO	0
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		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence.	Percen-	Ultimate Controlling	quired?] ,
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)	*
0001	CVS HEALTH GROUP	00000	36-3681261				The Vasquez Group Inc.	IL	NIA	Horizon Behavioral Services, LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	22-3178125				Work and Family Benefits, Inc	NJ	NIA	Horizon Behavioral Services, LLC	Ownership	100.000	CVS Health Corporation	NO	Ω
0001	CVS HEALTH GROUP	00000	27-1773021				Aetna Card Solutions, LLC	CT	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
	CVS HEALTH GROUP	78700	06-0876836				Aetna Health and Life Insurance Company	CT	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N0	0
	CVS HEALTH GROUP	72052	23-2710210				Aetna Health Insurance Company	PA	IA	Aetna Inc.	Owner ship	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	84450	57-0805126 06-1571642				Aetna Health Insurance Company of New York	NY CT	NIA	Aetna Inc. Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	NO NO	0
	CVS HEALTH GROUP	00000	98-0211470				Aetna International LLC	U1 BMU	NIA	Aetna International LLC	Ownership.	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	30-0211470				Aetna Insurance (Singapore) PTE, LTD.	SGP	IA	Aetna International LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	86-1455140				Aetna International Ex Pat LLC	DE	NIA	Aetna International LLC	Ownership.	100.000	CVS Health Corporation	NO	0
	CVS HEALTH GROUP	00000	1				Aetna Global Benefits (Bermuda) Limited	BMU	NIA	Aetna International LLC	Ownership.	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000					Goodhealth Worldwide (Global) Limited	BMU	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership.	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000					Aetna Global Benefits (Europe) Limited	GBR	NIA	Aetna Global Benefits (Bermuda) Limited	Owner ship	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000					Goodhealth Worldwide (Asia) Limited	HKG	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000					Aetna Global Benefits Limited	ARE	NIA	Aetna Global Benefits (Bermuda) Limited	Owner ship	100.000	CVS Health Corporation	NO	Ω
0001	CVS HEALTH GROUP	00000					PT. Aetna Global Benefits Indonesia	IDN	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	000.08	. CVS Health Corporation	NO	4
0001	CVS HEALTH GROUP	00000					Aetna Global Benefits (Middle East) LLC	ARE	NI A	Aetna Global Benefits (Bermuda) Limited	Ownership	49.000	CVS Health Corporation	N0	5
							Aetna Global Benefits (Asia Pacific) Limited			l					_ /
0001	CVS HEALTH GROUP	00000					DT 1 1 II 1 1 0 1 II I	HKG	NIA	Aetna Global Benefits (Bermuda) Limited	Owner ship	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000					PT Aetna Management Consulting	IDN BMU	NIA	Aetna International LLC	Ownership	77.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000					Spinnaker Topco Limited	BWU	NIA	Aetna Global Benefits (Bermuda) Limited Spinnaker Topco Limited	Ownership.	100.000	CVS Health Corporation	NO	0
	CVS HEALTH GROUP	00000					Aetna Holdco (UK) Limited	GBR	NIA	Spinnaker Bidco Limited	Owner ship.	100.000	CVS Health Corporation	NO	0
1000	OVO TEAETTI GIOGI						Actila fioraco (at) Eliifitea			Aetna Global Benefits (Asia Pacific)	owner strip		Ovo ricartii corporation		
0001	CVS HEALTH GROUP	00000					PT Aetna Management Consulting	IDN	NIA	Limited	Ownership	23.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000					Aetna Global Benefits (UK) Limited	GBR	NIA	Aetna Holdco (UK) Limited	Ownership.	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000					Aetna Insurance Company Limited	GBR	IA	Aetna Holdco (UK) Limited	Ownership	100.000	CVS Health Corporation	NO	0
										Aetna Global Benefits (Asia Pacific)] ,
0001	CVS HEALTH GROUP	00000					Indian Health Organisation Private Limited	IND	NI A	Limited	Ownership	0.020	CVS Health Corporation	N0	2
2004	OVO LIEM THE OPINIO						Aetna Health Insurance Company of Europe DAC					400.000			
0001	CVS HEALTH GROUP	00000					Aetna (Shanghai) Enterprise Services Co. Ltd.	IRL	IA	Aetna International LLC	Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000					Aetha (Shanghai) Enterprise Services Co. Ltd.	CHN	NIA	Aetna International LLC	Ownership.	100.000	CVS Health Corporation	NO	0
1 0000	CV3 HEALTH GROUP	00000					Aetna (Beijing) Enterprise Management	UIIV	NIA	Aetna (Shanghai) Enterprise Services Co.	owner strip	100.000	. Cvo nearth corporation	١٧٥	VI
0001	CVS HEALTH GROUP	00000					Services Co., Ltd.	CHN	NIA	Ltd.	Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000					Aetna Global Benefits (Singapore) PTE. LTD.	SGP	NIA	Aetna International LLC	Owner ship.	100.000	CVS Health Corporation	NO	0
										Aetna Global Benefits (Singapore) PTE, LTD.	.[
0001	CVS HEALTH GROUP	00000					Indian Health Organisation Private Limited	IND	NIA		Ownership	99.980	CVS Health Corporation	N0	2
0001	CVS HEALTH GROUP	00000	22-2578985				AUSHC Holdings, Inc.	CT	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000					Aetna Global Holdings Limited	GBR	NIA	Aetna International LLC	Ownership	100.000	CVS Health Corporation	N0	0
	CVS HEALTH GROUP	00000					Aetna Insurance (Hong Kong) Limited	HKG	IA	Aetna Global Holdings Limited	Ownership	100.000	CVS Health Corporation	N0	0
	CVS HEALTH GROUP	00000	06-1182176 52-2182411				PHPSNE Parent Corporation	DE	NIA NIA	AUSHC Holdings, Inc.	Ownership	55.000	CVS Health Corporation	NO NO	7
0001	CVS HEALTH GROUP	00000	47-0970432				Active Health Management, Inc	DE	NIA	Aetna Inc. Active Health Management, Inc.	Ownership	100.000	CVS Health Corporation	NO	
	CVS HEALTH GROUP	00000	23-2604867				CVS Accountable Care Organization Inc.	PA	NIA	Active Health Management, Inc.	Owner ship.	100.000	CVS Health Corporation	NO	ا را ا
0001	CVS HEALTH GROUP	13980	27-2192415				Health Re. Inc.	VT	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	81-0579372				Phoenix Data Solutions LLC	DE	NIA	Aetna Inc.	Owner ship.	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	51-0029326				ASI Wings, LLC	DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
	CVS HEALTH GROUP	00000	47-4556274				Echo Merger Sub, Inc.	DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	47-4547145				Aetna Corporate Services, LLC	DE	NIA	Aetna Inc.	Owner ship	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	85-3918720				CVS Cabot Holdings Inc.	DE	NIA	Aetna Inc.	Ownership	0.280	CVS Health Corporation	N0	14
0001	CVS HEALTH GROUP	00000	85-3918567				CVS Shaw Holdings Inc.	DE	NIA	Aetna Inc.	Ownership	0.280	CVS Health Corporation	N0	15
	CVS HEALTH GROUP	00000	31-1001351				Omnicare, LLC	DE	NIA	Aetna Inc.	Ownership	0.280	CVS Health Corporation	N0	16
0001	CVS HEALTH GROUP	81973	75-1296086				Coventry Health and Life Insurance Company	MO	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	UI

	PART 1A - DETAIL OF INSURANCE HOLDING COMPANT STSTEM														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
					-						Type	If			1
											of Control	Control			,
											(Ownership,	is		Is an	,
						No			D. L. C.			_			1
						Name of Securities		L .	Relation-		Board,	Owner-		SCA	1
						Exchange		Domi-	ship		Management,	ship		Filing	,
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	1
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	1
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)	, *
	•						Aetna Better Health of Kentucky Insurance			Coventry Health and Life Insurance Company					
0001	CVS HEALTH GROUP	15761	47-3279217				Company	KY	IA		Ownership	100.000	. CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	52-1801446				Group Dental Service, Inc.	MD	NIA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	95846	52-2056201				Group Dental Service of Maryland, Inc	MD	IA	Group Dental Service, Inc.	Ownership	100.000	. CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	81-4345344				Aetna Network Services LLC	CT	NIA	Aetna Health Holdings, LLC	Owner ship.	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	95241	42-1244752				Aetna Health of Iowa Inc.	IA	IA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	95925	42-1308659				Coventry Health Care of Nebraska, Inc	NE	IA	Aetna Health Holdings, LLC	Owner ship.	100.000	CVS Health Corporation	NO	0
							Aetna Risk Assurance Company of Connecticut								,
0001	CVS HEALTH GROUP	00000	47-2049117				Inc.	CT	IA	Aetna Health Holdings, LLC	Owner ship	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	95173	74-2381406				Aetna Health Inc.	LA	IA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	11102	23-2366731				HealthAssurance Pennsylvania, Inc.	PA	IA	Aetna Health Holdings, LLC	Owner ship	100.000	CVS Health Corporation	NO	0
			I				Coventry Prescription Management Services,	1	1					1	1
0001	CVS HEALTH GROUP	00000	47-0854096				Inc	NV	NIA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	16148	81-3564875				Aetna Better Health of Nevada Inc	NV	NIA	Aetna Health Holdings, LLC	Owner ship	100.000	. CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	96555	54-1576305				Coventry Health Care of Virginia, Inc	VA	IA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	01-0646056				Coventry Transplant Network, Inc.	DE	NIA	Aetna Health Holdings, LLC	Owner ship	100.000	. CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	96377	43-1372307				Coventry Health Care of Missouri, Inc	MO	IA	Aetna Health Holdings, LLC	Owner ship	100.000	. CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	95318	43-1702094				Aetna Better Health of Missouri LLC	MO	IA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	95408	55-0712129				Coventry Health Care of West Virginia, Inc	WV	IA	Aetna Health Holdings, LLC	Owner ship	100.000	. CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	62-1411933				Coventry HealthCare Management Corporation	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	15827	47-4352768				Aetna HealthAssurance Pennsylvania, Inc	PA	IA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	95489	48-0840330				Coventry Health Care of Kansas, Inc	KS	IA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	16072	81-3370401				Aetna Better Health of Kansas Inc	KS	IA	Aetna Health Holdings, LLC	Owner ship	100.000	. CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	12193	20-1052897				Aetna Better Health of Michigan Inc	MI	RE	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	95407	87-0345631				Aetna Health of Utah Inc.	UT	IA	Aetna Health Holdings, LLC	Owner ship	100.000	. CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	20-4416606				Aetna Better Health of Tennessee Inc	TN	NIA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	74160	37-1241037				Coventry Health Care of Illinois, Inc	IL	IA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	NO	0
							Coventry Health Care National Accounts, Inc.								1
0001	CVS HEALTH GROUP	00000	20-8070994					DE	NI A	Aetna Health Holdings, LLC	Owner ship	100.000	. CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	20-5185442				Coventry Health Care National Network, Inc	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	26-1293772				Coventry Consumer Advantage, Inc.	DE	NI A	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	20-1736437				First Health Group Corp.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	NO	0
							First Health Life & Health Insurance Company								_ '
0001	CVS HEALTH GROUP	90328	38-2242132					TX	IA	First Health Group Corp.	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	91-1832429				First Choice of the Midwest LLC	SD	NIA	First Health Group Corp.	Ownership	100.000	. CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	52-1320522				Claims Administration Corp.	MD	NIA	First Health Group Corp.	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	20-1130063				Florida Health Plan Administrators, LLC	FL	NIA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	95114	65-0986441				Aetna Better Health of Florida Inc.	FL	IA	Florida Health Plan Administrators, LLC	Owner ship	100.000	. CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	95266	65-0453436				Coventry Health Plan of Florida, Inc.	FL	IA	Florida Health Plan Administrators, LLC	Ownership	100.000	. CVS Health Corporation	NO	V
0001	CVS HEALTH GROUP	00000	59-3750548				Carefree Insurance Services, Inc.	FL	NIA	Florida Health Plan Administrators, LLC	Owner ship	100.000	. CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	36-4391310				bswift LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	26-1582982				Virtual Home Healthcare L.L.C.	ARE	NIA	Aetna Global Holdings Limited	Ownership	49.000	CVS Health Corporation	NO	12
0001	CVS HEALTH GROUP	00000					MHNet Specialty Services, LLC		NIA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	37-1448790				Mental Health Network of New York IPA, Inc	NY	NIA	MHNet Specialty Services, LLC	Ownership	100.000	CVS Health Corporation	NO	0 0
0001	CVS HEALTH GROUP		72-1106596				Mental Health Associates, Inc.	LA	NIA	MHNet Specialty Services, LLC	Ownership		CVS Health Corporation		
0001	CVS HEALTH GROUP	00000	. 20-4276336 81-5030233				MHNet of Florida, Inc.	FL	NIA	MHNet Specialty Services, LLC Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	UNO DEALIFICATION	10242	0 1-3030233				Aetna Better Health of Washington, Inc.	WA	IA	Aetha nealth Moldings, LLC	Ownership	100.000	CVS Health Corporation	INU	ע
0001	CVS HEALTH GROUP	00000	81-5212760				Banner Health and Aetna Health Insurance Holding Company LLC	DE	NIA	Aetna ACO Holdings, Inc.	Ownership	50.000	CVS Health Corporation	NO	9
1 000 1	UNO FIERLIFI UNUUF	00000	101-0212/00				Banner Health and Aetna Health Insurance	∪⊏	NIA	Banner Health and Aetna Health Insurance	Owner Sill P	000.00	Lovo nearth corporation	INU	y
0001	CVS HEALTH GROUP	16058	81-5281115				Company	AZ	1.4	Holding Company LLC	Ownership	100.000	CVS Health Corporation	NO	1
1 000	UNG TEALTH UNDUF	0000	01-0201110				ounparty	L	IA	Banner Health and Aetna Health Insurance	owner strip	100.000	OVO HEATTH COMPONATION	INU	v
0001	CVS HEALTH GROUP	16059	81-5290023				Banner Health and Aetna Health Plan Inc	AZ	IA	Company	Ownership	100,000	CVS Health Corporation	NO.	_
1 000 1	UNO HEALTH WHOUF	פטטטו	01-0200020				Dalinei neattii anu metha neattii Fian Inc	MZ	ļ I <i>N</i>	oumpany	OMINE OILL	00.000	. UNO 11001 till UUI PUI AL I UII	. IW	y

SCHEDULE Y

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
											Type	lf			
											of Control	Control			
											(Ownership,	is		Is an	
						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.Ś. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No	
	·						Allina Health and Aetna Health Insurance		•						
0001	CVS HEALTH GROUP	00000	81-5112888				Holding Company LLC	DE		Aetna ACO Holdings, Inc	Owner ship	50.000	CVS Health Corporation	NO	10
										Allina Health and Aetna Health Insurance					
0001	CVS HEALTH GROUP	16194	82-2091197				Allina Health and Aetna Insurance Company	MN		Holding Company LLC	Ownership	100.000	CVS Health Corporation	N0	0
	ava usu su apaup	47050								Allina Health and Aetna Health Insurance		400.000			
0001	CVS HEALTH GROUP	17352	87-2843387				Allina Health and Aetna Health Plan Inc	MN	IA	Holding Company LLC	Ownership	100.000	CVS Health Corporation	NU	D
0001	CVS HEALTH GROUP	00000	82-2171057				Sutter Health and Aetna Insurance Holding Company LLC	DE	NIA	Aetna ACO Holdings, Inc.	Ownership	E0 000	CVS Health Corporation	NO	44
	CVS REALIR GROUP	00000	02-21/100/				Sutter Health and Aetna Administrative	UE		Sutter Health and Aetna Insurance Holding	owner strip	50.000	CVS Hearth Corporation		1!!
0001	CVS HEALTH GROUP	00000	82-2560624				Services LLC	DE		Company LLC	Ownership	100 000	CVS Health Corporation	NO	n
1 000	OVO NEAETH GROOM		02 2000024				OCT VICCO LLO			Sutter Health and Aetna Insurance Holding	Office Sirip	100.000	Ove hearth corporation		
0001	CVS HEALTH GROUP	16979	82-2567822				Sutter Health and Aetna Insurance Company	CA	IA	Company LLC	Owner ship.	100.000	CVS Health Corporation	NO	0
	CVS HEALTH GROUP		82-3031812				Aetna Pharmacy Management Services LLC	DE	NIA	Aetna Health Holdings, LLC	Owner ship		CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP		82-3333789				Aetna Better Health of North Carolina Inc	NC	IA	Aetna Health Holdings, LLC	Owner ship		CVS Health Corporation	NO	0
	CVS HEALTH GROUP		27-2186150				Aetna Better Health of Illinois Inc	IL		Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	O
0001	CVS HEALTH GROUP	00000	87-3223066				Aetna Better Health of Indiana Inc	IN	NIA	Aetna Health Holdings, LLC	Owner ship	100.000	CVS Health Corporation	NO	0
														1	

Asterisk	Explanation
Aetna Life Insurance Company owns substantially all o	f the non-managing membership interests of Aetna Partners Diversified Fund LLC.
Indian Health Organisation Private Limited is 0.01985	7% owned by Aetna Global Benefits (Asia Pacific) and 99.980143% owned by Aetna Global Benefits (Singapore) PTE. LTD.
Aetna ACO Holdings Inc. is owned by Aetna Life Insural	nce Company (302 shares); Aetna Health Inc. (PA) (198 shares); and Aetna Health Holdings, LLC (1 share).
PT. Aetna Global Benefits Indonesia is also 20% owned	by Suhatsyah Rivai, Aetna's Nominee
Aetna Global Benefits (Middle East) LLC is also 51% o	wned by Euro Gulf LLC, Aetna's Nominee.
Innovation Health Holdings LLC. Is also 50% owned by	Inova Health System Foundation.
	ngs, Inc. The remaining 45% is owned by thirteen different hospitals (non-affiliates) which are shareholders with varying degrees of ownership.
Texas Health + Aetna Health Insurance Holding Company	LLC is also 50% owned by Texas Health Resources.
Banner Health and Aetna Health Insurance Holding Compa	any LLC is also 50% owned by Banner Health.
O	is also 50% owned by Allina Health System.
1	is also 50% owned by Sutter Health Plan Products Organization, LLC.
2	CBD Commercial Brokers LLC. Aetna's Nominee.
3 Coram Clinical Trials, Inc. is 75% owned by CVS Pharma	acy, Inc. and 25% owned by Aetna Life Insurance Company.
4 CVS Cabot Holdings Inc is owned 99.72% by Coram Clinic	
5	, ,
	ny is also owned by CVS Cabot Holdings Inc. and CVS Shaw Holdings Inc. with 49.86% each ownership.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	_	Response
1.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
2.	AUGUST FILING Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	N/A
	Explanation:	
1.	The data for this supplement is not required to be filed.	
1.	Bar Code: Medicare Part D Coverage Supplement [Document Identifier 365]	

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A - VERIFICATION

Real Estate

		1	2
		l '	Drian Vana Fradad
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted rying		
7.	Deduct current year's other than temporary impailment recognized		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	Mongage Loans	1	2
		ı	Prior Year Ended
		Year to Date	December 31
			December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and mortgage in lest parallel amitme lesses		
9.	Total foreign exchange change in book value/recorded investment excurse accrued a terest		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)		
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	Other Long-Term invested Assets		
	-	1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	15,798,288	17,645,629
2.	Cost of bonds and stocks acquired		0
3.	Accrual of discount	21,761	28,357
4.	Unrealized valuation increase (decrease)	0	273
5.	Total gain (loss) on disposals		0
6.	Deduct consideration for bonds and stocks disposed of	406,566	1,868,429
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value	0	0
9.	Deduct current year's other than temporary impairment recognized	0	0
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees	0	0
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	15,408,154	15,798,288
12.	Deduct total nonadmitted amounts	0	0
13.	Statement value at end of current period (Line 11 minus Line 12)	15,408,154	15,798,288

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

Du	1	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value Beginning	Acquisitions During	Dispositions During	Non-Trading Activity During	Book/Adjusted Carrying Value End of	Book/Adjusted Carrying Value End of	Book/Adjusted Carrying Value End of	Book/Adjusted Carrying Value December 31
NAIC Designation	of Current Quarter	Current Quarter	Current Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year
BONDS								
1. NAIC 1 (a)	171,742,406	925,039,896	904,947,888	1, 174, 701	164,116,875	171,742,406	193,009,115	159,857,762
2. NAIC 2 (a)	20,750,363	11,115,463	30,155,000	37, 163	1,741,986	20,750,363	1,747,989	1,738,969
3. NAIC 3 (a)	0	0	0	0	0	0	0	0
4. NAIC 4 (a)	0	0	0	0	0	0	0	0
5. NAIC 5 (a)	0	0	0	0	0	0	0	0
6. NAIC 6 (a)	0	0	0	0	0	0	0	0
7. Total Bonds	192,492,769	936,155,359	935,102,888	1,211,864	165,858,861	192,492,769	194,757,104	161,596,731
PREFERRED STOCK								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2			0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
12. NAIO 3	l l			1	_			
13. NAIC 6	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

Schedule DA - Part 1 - Short-Term Investments

NONE

Schedule DA - Verification - Short-Term Investments

NONE

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards ${f N}$ ${f O}$ ${f N}$ ${f E}$

Schedule DB - Part B - Verification - Futures Contracts

NONE

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open **N O N E**

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open **NONE**

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of Derivatives

NONE

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	(Odon Equivalento)	1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	145,799,029	85,442,525
2.	Cost of cash equivalents acquired	2,773,269,166	2,239,611,366
3.	Accrual of discount	1,871,230	205,016
4.	Unrealized valuation increase (decrease)	0	0
5.	Total gain (loss) on disposals	(24)	102
6.	Deduct consideration received on disposals	2,741,590,233	2,179,459,980
7.	Deduct amortization of premium	0	0
8.	Total foreign exchange change in book/adjusted carrying value	0	0
9.	Deduct current year's other than temporary impairment recognized	0	0
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	179,349,168	145,799,029
11.	Deduct total nonadmitted amounts	0	0
12.	Statement value at end of current period (Line 10 minus Line 11)	179,349,168	145,799,029

Schedule A - Part 2 - Real Estate Acquired and Additions Made **NONE**

Schedule A - Part 3 - Real Estate Disposed **NONE**

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made **NONE**

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

NONE

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made NONE

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid **NONE**

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired **NONE**

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold.	Padaemed or Otherwise Disnose	d of During the Current Quarter
SHOW All LUNG-TERM DUNGS AND SLUCK SUID.	Redeelijed of Officialise Dispose	ta di Dullia the Cultent Quarter

					Show All Lo	ng-∓erm Bo	nas ana Sto	ск бою, кес	deemed or C	Jinerwise L	usposea (ט זכ buring tr	e Current	Quarter							
1	2	3	4	5	6	7	8	9	10	Ch	ange In Bo	ok/Adjusted	Carrying Val	ue	16	17	18	19	20	21	22
										11	12	13	14	15							NAIC
																					Desig-
																					nation,
																					NAIC
													Total	Total							Desig-
												Current	Change in	Foreign					Bond		nation
												Year's		Exchange	Book/				Interest/		Modifier
									Prior Year		Current	Other Than		Change in	Adjusted	Foreign			Stock	Stated	and
									Book/	Unrealized	Year's	Temporary	Carrying	Book	Carrying	Exchange	Realized		Dividends	Con-	SVO
CUSIP					Number of				Adjusted	Valuation	(Amor-	Impairment	Value	/Adjusted	Value at	Gain	Gain	Total Gain	Received	tractual	Admini-
Ident-		For-	Disposal	Name	Shares of	Consid-		Actual	Carrying	Increase/	tization)/	Recog-	(11 + 12 -	Carrying	Disposal	(Loss) on	(Loss) on	(Loss) on	During	Maturity	strative
ification	Description	eign	Date	of Purchaser	Stock	eration	Par Value	Cost	Value	(Decrease)	Accretion	nized	` 13)	Value	Date	Disposal	Disposal	Disposal	Year	Date	Symbol
	GOVT NATL MTGE ASSN 11 POOL BF1494 3.500%									,						·	·				
3617G7-UT-0			09/01/2022	Paydown		166,888	166,888	167,019	166,977	0	(88)	0	(88)	0	166,888	0	0	0	4,074	01/20/2048	1.A
	99. Subtotal - Bonds - U.S. Governme	ents				166,888	166,888	167,019	166,977	0	(88)	0	(88)	0	166,888	0	0	0	4,074	XXX	XXX
	97. Total - Bonds - Part 4					166,888	166,888	167,019	166,977	0	(88)		(88)	0	166,888	0	0	0	4,074	XXX	XXX
	98. Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
25099999	99. Total - Bonds					166,888	166,888	167,019	166,977	0	(88)	0	(88)	0	166,888	0	0	0	4,074	XXX	XXX
45099999	97. Total - Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
45099999	98. Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	99. Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
	97. Total - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
	98. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	99. Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
59999999	99. Total - Preferred and Common Sto	ocks				0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
												-									
			-															····			
60099999		1	-		h	166.888	XXX	167.019	166,977	^	(88)	^	(88)	^	166.888	^	^	Δ	4.074	XXX	XXX
00099999	70 - 10lais					100,088	^^^	107,019	100,9//	U	(88)	U	(88)	U	100,888	U	U	U	4,074	^^^	^^^

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open **NONE**

Schedule DB - Part B - Section 1 - Futures Contracts Open NONE

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made **NONE**

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open **NONE**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By **NONE**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To NONE

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

NONE

Schedule DL - Part 1 - Reinvested Collateral Assets Owned NONE

Schedule DL - Part 2 - Reinvested Collateral Assets Owned NONE

SCHEDULE E - PART 1 - CASH

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
			Amount of	Amount of	6	7	8	1
			Interest Received		U	,	0	
		Rate of		at Current				
Depository	Code	Interest	Quarter	Statement Date	First Month	Second Month	Third Month	*
Citi Bank New Castle, DE		0.000	0	0	2.229.149	4,893,468	7,374,040	.xxx.
Bank of America Charlotte, NC	[0.000	0	0		1,170,451		XXX
State Street Bank and Trust							,,	, 0 0 c.
Co Bostan, MA		0.000	0	0	0	1,453,000	0	.xxx
0199998. Deposits in 0 depositories that do not				•		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
exceed the allowable limit in any one depository (See								
instructions) - Open Depositories	XXX	XXX	0	0	0	0	0	XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	6,810,470	7,516,919	8,607,500	XXX
0299998. Deposits in 0 depositories that do not								
exceed the allowable limit in any one depository (See								
instructions) - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	6,810,470	7,516,919	8,607,500	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	0	0	0	XXX
				***************************************	***************************************			
	ļ							
					•			
								*
	·····							
0599999. Total - Cash	XXX	XXX	0	0	6,810,470	7,516,919	8,607,500	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS Show Investments Owned End of Current Quarter

		Show Investments Ov	vned End of Curren	it Quarter				
1	2	3	4	5	6	7 Book/Adjusted	8 Amount of Interest	9 Amount Received
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Carrying Value	Due and Accrued	During Year
0109999999. Total - U.S. Governmen						0	0	0
0309999999. Total - All Other Govern						0	0	0
0509999999. Total - U.S. States, Terr	itories and Possessions Bonds					0	0	0
0709999999. Total - U.S. Political Sub	odivisions Bonds					0	0	0
0909999999. Total - U.S. Special Rev	renues Bonds					0	0	0
AMCOR FINANCE (USA) INC CP			09/26/2022	3.550	10/25/2022	3,990,529	0	1,968
AMERENENERGY GENERATING CP			09/15/2022	3.150	10/14/2022		0	4,920
AMERICAN ELEC POWER CP 4-2				3.450	10/14/2022		0	2,078
AMERICAN ELEC POWER CP 4-2 AMPHENOL CORP CP 4(2) 144A	144A		09/26/2022	3.600 3.400	10/25/2022 10/05/2022	4,987,994 5,290,999	0	
AVANGRID INC CP 4(2) 144A			09/29/2022	3.300	10/13/2022	6,283,080	 0	1,152
CENTERPOINT ENERGY RESOU CP	4(2) 144A		09/26/2022	3.500	10/27/2022	2.194.436	0	1,067
CONSOLIDATED EDISON CP 4(2)			09/22/2022	3.450	10/18/2022		0	5,804
DOVER CORP CP 4(2) 144A			09/29/2022	3.470	10/19/2022	6,337,982	0	1,222
DUKE ENERGY CORPORATION CP 4	4(2) 144A		09/28/2022	3.420	10/26/2022	6,412,729	0	1,828
ENTERGY CORP CP 4(2) 144A FORTUNE BRANDS HOME & SE CP	4/0) 4444		09/22/2022	3.400	10/21/202210/24/2022	3,090,147 6.247,787		2,627 3,297
HP ENTERPRISE CORP CP 4(2)			09/26/2022	3.800	10/24/2022	6,732,020	U	
HP INC CP 4(2) 144A	144N		09/26/2022	3.650	10/24/2022	6,470,867	 0	3,280
HUMANA INC CP 4(2) 144A			09/06/2022	2.900	10/04/2022	9,997,578	0	
	4(2) 144A			3.520	10/27/2022		0	1,933
ITC HOLDINGS CORP CP 4(2) 14	14A		09/23/2022	3.480	10/24/2022	7,363,579	0	5,695
INGREDION INC CP 4(2) 144A .			09/19/2022	3.550	10/19/2022	3,426,899	0	4,055
INGREDION INC CP 4(2) 144A				3.570	10/25/2022	9,476,370	0	9,397
MARSH & MCLENNAN CO INC CP 4 MCCORMICK & COMPANY INC CP 4			09/29/2022 09/21/2022	3.400 3.350	10/13/2022 10/18/2022	7,404,597 9,984,166	0	1,399 9,291
MOHAWK INDUSTRIES INC CP 4(2			09/21/2022	3.450	10/06/2022	2,527,787	O	2,180
NATL RURAL UTIL COOP FINANCE			09/30/2022	3.360	11/02/2022	3,475,588	0	324
ONEOK INC CP 4(2) 144A	- 0 0(1)/0		09/14/2022	3.450	10/14/2022	1,003,746	0	1.635
			09/20/2022	3.400	10/06/2022	9,995,273	0	10,384
	(A)3		09/23/2022	3.450	10/24/2022	1,638,378	0	1,256
RYDER SYSTEMS CP		·····	09/21/2022	3.400	10/06/2022		0	7,552
VF CORPORATION CP 4(2) VW CREDIT INC CP 4(2) 144A				2.950	10/05/2022		0	10,613 1,496
VII CHEDIT THE CF 4(2) 144A VERIZON COMMUNICATIONS CP 4	(2) 1444		09/29/2022	3.400	10/17/2022	3,999,945	0	
VIRGINIA ELEC & PR CO CP 3(09/22/2022	3,550	10/06/2022	10,888,624	0	9,664
	trial and Miscellaneous (Unaffiliated) - Issuer Obligations					179.348.950	0	139,309
1109999999. Total - Industrial and Mis						179.348.950	0	139,309
1309999999. Total - Hybrid Securities						179,040,330	0	100,000
1509999999. Total - Parent. Subsidiar						0	0	0
1909999999. Subtotal - Unaffiliated B						0	0	0
						0		0
2419999999. Total - Issuer Obligation						179,348,950	0	139,309
2429999999. Total - Residential Morto						0	0	0
2439999999. Total - Commercial Mort						0	0	0
2449999999. Total - Other Loan-Back						0	0	0
2459999999. Total - SVO Identified Fi						0	0	0
2469999999. Total - Affiliated Bank Lo	pans		<u> </u>			0	0	0
2479999999. Total - Unaffiliated Bank	Loans					0	0	0
2509999999. Total Bonds						179.348.950	0	139.309
60934N-50-0 FEDERATED INVESTORS INC TREA	ASURY OBLIGATION FUND		12/08/2021	0.000		0	0	0
60934N-50-0 FEDERATED INVESTORS INC TREA	ASURY OBLIGATION FUND		06/29/2022	0.000		0	0	L0
60934N-50-0 FEDERATED INVESTORS INC TRE				0.000		218	3	4
8209999999. Subtotal - Exempt Mone	y Market Mutual Funds - as Identified by the SVO					218	3	4
8609999999 - Total Cash Equivalents						179,349,168	3	139,313